Department of Health
and Social Security,
and the Welsh Office

MC0020

Health Technical Memorandum

Building components

Signs

65

Harpenden Hospital

East Hertfordshire Health Authority

Queen Elizabeth 2 Hospital

Out-patients

Accidents

Main entrance

Car park

Accidents

Cleifion allanol

Pelydr-x

Gwaith cymdeithasol

Major accident

Enquiries

Relatives and friends

Car park

Level 2

Ante natal
Shop
Accidents
Clinics 1 and 2
Coffee bar
Dining room
Social work
Administration
Bank
Main entrance
Toilets
Way out

2

QE2 out-patients

Clinic 1
Clinic 2
Theatre
Clinic 3
Clinic 4
Clinic 5
Clinic 6
Clinic 7
Clinic 8

Medical certificate

If you wish to claim Sickness Benefit or Industrial Injury Benefit please get your medical certificate from the hospital doctor at the time of your consultation. It cannot be issued at any other time.

Fire action

1 Break glass of nearest fire alarm
2 Close doors near the fire
3 Move everyone to a safe place

Dental laboratory

Caution, risk of fire

Fire door keep shut

Chiropody

Fire exit

Puckeridge ward

Way out

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Health Technical Memorandum 65

Signs

a design manual for hospitals and other health buildings, new and old

Department of Health and Social Security and the Welsh Office

Acknowledgements

This Health Signs manual has been prepared by the Department of Health and Social Security, and the National Health Service, in association with Anthony Williams and Partners.

Editorial panel
The editorial panel was chaired by M E Dunstan (Assistant Regional Architect N W Thames RHA), with representatives of DHSS, and Anthony Williams (Consultant Architect to DHSS), together with Jean Costigan and Vernon Higgins (who at the time were Sector Administrators respectively of the Lister Hospital, Stevenage, and the Queen Elizabeth 2 Hospital, Welwyn Garden City), and Tom Noel (previously District Administrator for North Hertfordshire).

The editorial panel wishes to thank the many people who have contributed to the preparation of this manual, including the CDB selected suppliers of Health Signs, and in particular the Signposting Working Party and staff of the Queen Elizabeth 2 Hospital at Welwyn Garden City.

The text of this Manual is set in Helvetica 9 on 10pt light and bold, illustrations are set in Health Alphabet.

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Introduction

Investment in signs in health buildings, as compared with other building components, is infinitesimal. Research into signposting of any type of building whatsoever is almost entirely non-existent. Yet 'finding the way' in a hospital is seen as being important and highly rated in terms of users' needs.

Review of the signposting system

In the UK a system of signposting has been in use in hospitals since 1965. The use of building components for hospitals has been regularly reviewed by the Component Development Groups, joint teams of professional officers in DHSS and NHS. Signposting was last reviewed in 1979-80. The review showed that 'while the signposting system was well esteemed, there was evidence of poor management and of the erosion of the system'. The action recommended was in three parts:

1 The establishment of new and modified product designs and prototypes followed by testing.
2 The establishment of an explicit statement on the new signposting system, its objectives, application, variation and limitation, leading to guidance on the management of design, procurement and maintenance.
3 The establishment of methods to ensure that the stock of experience invested in health buildings already signposted is used to its best advantage.

QE2 Pilot study

Following the review of signposting, a pilot study was set up in association with a Signposting Working Party at the Queen Elizabeth 2 hospital at Welwyn Garden City. New concepts and later new products were examined and tested in the practical context of an existing hospital and with the aid of medical, nursing, administrative, works and domestic service staff.

New and modified signs have been incorporated in what is now known as Health Signs. The change of wording from Signposting to Health Signs reflects the increased scope of the subject, which started with direction finding and has now been extended to provide a comprehensive coverage of graphics in the total environment. New additions to the range include safety signs, which are mandatory, new fire safety signs, standard notices and internationally agreed public information symbols, events boards and noticeboards. At the same time, identity, location and direction signs have been modified and a new set of directory signs, on which large numbers of destinations can be listed as in department stores, have been introduced.

HTM 65: Health Signs Manual

The demand for an 'explicit statement' has resulted in the preparation and publication of this manual. This is directed not only at building project teams concerned with new health buildings, but also at all those concerned with the refurbishment of existing buildings and the day to day maintenance and replacement of signs.

Further developments of signs

Currently the International Standards Organisation is finalising further Standards for both public information symbols and for graphic fire safety signs. In this country, British Standards for illuminated exit signs are being revised, in order to bring them in line with the new fire safety signs. In due course the results of this work should be considered for incorporation in Health Signs.

Health Signs language

The study of the language of signs is of a different order. The first problem is that messages on signs need to be simple and concise, even terse, yet job descriptions and descriptions of medical activities get more precise and increasingly lengthy. The second problem, as the QE2 Study has shown, is the confusion caused to patients and staff alike if one set of terms is used for administrative documents and another for signposting.

Orientation

The most significant task still outstanding is the study of orientation. The objective of signposting is to help people to find their own way about a building. However, signposting is not the only means to this end. Indeed it is often said that signposting is only an excuse for bad planning. The planning of a new building should be an aid to orientation, but how this is to be achieved, particularly for people under stress, is less obvious. It is clear that key entrances should be readily recognisable both during the day and at night. This could well involve an architectural solution rather than a solely graphic one. It may help if a driver is led past these entrances on his way to a car park, so that he will have seen them and be able to find his way back when he has parked his car. Within the hospital people have an obvious need to find such amenities as toilets, telephones or a cup of coffee. Toilet doors can be consistently painted the same colour, projecting pictograms can help to draw attention to a distant telephone, but how does one recognise one's

whereabouts? Good planning is the first criterion, but what other acceptable criteria are there? Some experiments have been made with murals and large graphics. Some seem to be successful, some not. This could be a subject for new studies and the encouragement and testing of experiments. We need to know a lot more about how people react to the problem of finding their way in the relatively unusual surroundings of a hospital, and to base new design criteria on this knowledge.

Scope of this document
This Manual is divided into five parts. The first part concerns planning for signs and follows the course pursued by a user from the moment that he seeks the whereabouts of a hospital to the moment that he leaves it. The second part provides the basic data required for the design and construction of individual signs. The third concerns the ergonomics of signs. While the fourth is about the efficient management of a signposting project. The fifth and last part provides a glossary of terms and a selected bibliography.

Throughout the manual reference is made to the *user*. Everyone in a hospital will need to make use of the signs system at one time or another. The most obvious users are ambulance drivers, patients and visitors, together with those who may be delivering goods or providing services. However, at one time or another every member of staff will be at a loss to find their way, either when a new hospital is commissioned or when they themselves are new to an existing building. Also in many hospitals there is a considerable turnover of ancilliary staff, and in others temporary staff are essential. Many of the signs used nowadays relate to safety at work or fire safety, rather than concern to staff and will supplement staff training.

Part 1: planning
The key principle that emerges from the first part of the Manual is simplicity, which has always been a principle of good signposting. Too many signs, an urge to make signs bigger and bigger to compete with other interests, increasingly long and technical messages on signs and personal whims in the layout of signs, are all to be avoided. A strict control needs to be exerted at the design stage and afterwards in the daily running of the hospital. Nevertheless, these factors are the products of problems that need to be resolved. To this end the range of signposting products has been revised, new products introduced, and this Manual prepared as a design guide. The use of direction and location signs remains the mainstay of directional signposting, but to be effective the number of signs has to be restricted and reserved for a small number of destinations used by a large quantity of people. Since this would otherwise leave many quite significant destinations unsignposted, directory signs have been introduced. Similarly, to avoid the proliferation and confusion of small personalised signs and notices, new sets of pictograms, safety signs and notices have been introduced. These have been designed on a modular basis so that they may be put together in rational groups and additions or alterations made in a consistent way thereafter.

Part 2: design data
If simplicity is the key principle of the first part of the Manual, then consistency and clarity are the key principles to the second part. Signposting is a rather small item when viewed as a percentage of the total expenditure on a building contract. There is always a danger that it is considered as a simple topic of minor importance in the design process, something that can be left to the end and decently obscured in the meantime by a Provisional Sum in the bill of quantities. For its size it is in fact a surprisingly complex subject of considerable impact both in terms of communications within the hospital and in terms of appearance. The user needs to feel confident that he is following the right route or doing the right thing in what is initially a strange environment. Success will be measured in terms of the confidence achieved and the amount of staff time saved in answering questions. The practical means of accomplishment is dependent on the consistency and clarity of the different messages to be conveyed, the layout of messages on signs, and the quality of their construction: factors which are not easily achieved. In particular, the proper positioning of signs can only be achieved if provision is made for appropriate space and illumination, at the earliest stages of design. Part 2 provides the design data for the BSI Quality Assessment Schedule of the signs themselves.

Part 3: ergonomic data
For the signs to be readable they have to be, in the right place and, of the right size, for the distance from which they are viewed. To achieve this provision needs to be made, for appropriate space and illumination, at the earliest stages of design.

Part 4: project data
In this Part guidance is given on the management of signposting projects in terms of design, construction, installation and maintenance. The drawings and schedules needed are described and a project check list provided. Examples are given for both manual scheduling and for the use of a micro computer. Apart from its potential in providing records that could be up-dated by a hospital, the micro computer is of immediate value in the drafting of lengthy schedules and their subsequent amendment or modification. The micro computer's particular advantage over manual scheduling is in its ability to 'sort' data, so that it can be printed out and presented in different sortations. The lesson of this Part is the simple one that by and large you get what you pay for. Unhappily the results of undue economy in initial purchase and subsequent maintenance and replacement are all too apparent. In the past it has been most noticeable when suppliers other than recognised suppliers have been awarded contracts on the basis only of a low tender. It is recommended that only firms that have registered with BSI, as being of assessed capability for the supply of Health Signs, should be asked to provide Health Signs.

Part 5: appendices
At the end of the Manual are Appendices, which may sound dull but are in fact a most telling part of a document such as this. What is clear from the bibliography is that there has been little research on the subject of signs in buildings, unlike traffic signs, which have been the subject of considerable research. It also shows that no definitive work on signposting in this country has yet been published. The glossary is equally enlightening in that it shows that there is no authoritative definition of terms for signposting, except for public information signs, safety signs and fire safety signs, and the latter lacks the most basic definition of all: the definition of a fire exit. Also included in the appendices are pro formas for scheduling signs, and for fixing instructions.

Perhaps more than any other component, Health Signs outwardly represent the concern and ability of the hospital and the NHS to meet the needs and anxieties of patients and relatives. Quantities of scruffy, battered, faded and rusty signs, and dog-eared notices negate that concern. There are many positive ways of signposting hospitals. This Manual presents one way, based on experience, of providing a simple and economic system of consistency and clarity that is recognisable throughout the health service.

Quality assessment

Health Signs is one of the subjects of the BSI system for the registration of firms of assessed capability. The objective of the system is to provide, by means of assessment and subsequent surveillance, an independent assurance of a firm's capability of producing to a given specification. In this instance the design rules and specification are contained in Part 2, Design Data, of this manual.

The appropriate document for assessing firms in manufacturing and process industries is BS 5750: 1979, Quality systems. In conjunction with BS 5750 there is an assessment schedule relating to the signmaking processes and to the Health Signs design data. Firms which are registered under this procedure are required to have a documented quality system which complies with BS 5750: Part 2 and with the assessment schedule.

PART ONE

Planning

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Directions to hospitals

First find your hospital! This is not always as easy as it might be. Sometimes it is not only difficult to find the hospital or the right hospital, it is also difficult to find the right entrance. When patients have appointments much more could be done to help them by giving them travel directions, including the provision of maps and the listing of public services. Also, much more could be done to signpost the roads leading to the hospital. Naturally the hospital has no authority for signs outside its own grounds. Comprehensive signposting and directions to a hospital are only going to be achieved by close liaison with local authorities and possibly bus companies. The purpose of this section is to explore the possibility of such liaison.

Travelling by bus

The bus company may be asked to assist in three ways:

1 By providing signs at railway stations, bus stations and town centres, showing which buses pass the hospital:

2 By providing notices on buses that pass the hospital saying that they do so.

3 By providing signs at the nearest bus stop to the hospital showing the way to it, or better still ensuring that bus stops are so placed that signs are not necessary.

Travelling by car

Placing of traffic signs is the responsibility of the local authority. The signs themselves have to conform to the current Statutory Instrument. The local authority's problems and principles in sign posting roads are very similar to those in signposting hospitals. A plethora of signs is self-defeating and messages need to be simple and even terse. Directions once started need to be continued consistently until the destination is reached. The objective is for signposting to be consistent across the country. The principle that routes to hospitals should be signposted is broadly accepted. In determining what signs are needed, and where, the local authority is likely to consider that the driver will know the name of the town in which the hospital is situated. It is then reckoned that he will follow the signs to the town centre and that signs to the hospital need only start when the route to it diverges. Taking this principle it is logical, for example, that signs to hospitals do not appear on motorways.

In visiting hospitals it has been found to be reassuring if direction signs give the name of the hospital and not just the word Hospital. This is essential where there are two or more hospitals in one town or neighbourhood. For ease of recognition it is recommended that direction signs should include the hospital symbol, a white letter 'H' on a blue background, in a similar way that the British Rail symbol is used on direction signs to stations. Occasionally the same 'H' symbol, on its blue square, could be used on a traffic sign adjacent to the name of a town to indicate that there is a hospital and that this is the way to it.

Visiting drivers need advance warning that they are approaching the hospital. This is not always clear and in built-up areas, where there is fast moving traffic, it can be positively hazardous finding one's way in. The traffic sign for use in this situation is the Hospital ahead sign from which the 'H' symbol is derived. This sign by itself is not sufficient to give warning of specific hospital entrances, it is rather a sign for other drivers to be cautious.

Travelling by foot

If there is a footpath, for example, from a town centre or railway station, pedestrian signs may be used. If the route is suitable for the disabled this should be indicated.

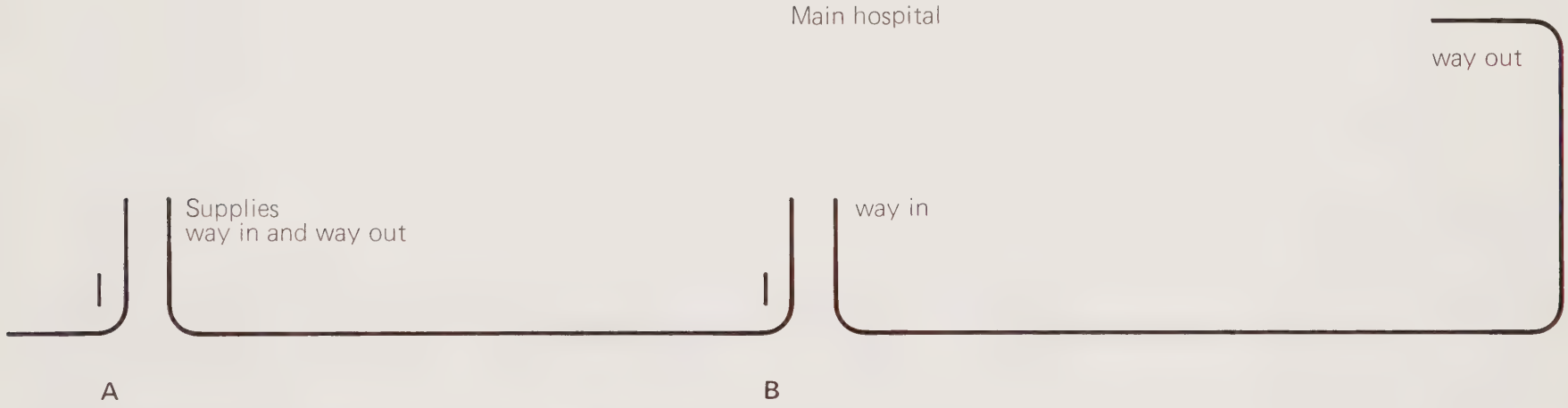
Directions to site entrances

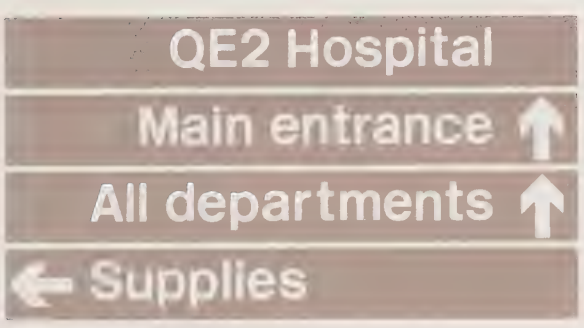
On approaching a hospital, the driver needs confirmation that he has indeed reached the right hospital and information on where he should go. Although in some urban areas there is little room for any effective signs, most hospitals have a considerable frontage which provides the opportunity for simple but informative signposting. The need therefore is first to ensure that the hospital is identified by name. If one entrance occurs in advance of another it may be desirable to identify the hospital name at that point. Goods vehicles need to be segregated from cars and ambulances as early as possible. From this point of view the Supplies entrance should be specifically identified. The need is then to identify the most important entrances used by patients and visitors. It is helpful, if there is only one entrance, to confirm this by signposting it to All departments. If one entrance leads to many departments it is not practical to signpost all of them, and key departments such as Accidents, Out-patients and the Main entrance (to wards) should be selected. Because it is not possible to show signs to every department that a visitor may be seeking, he may be at a loss to know which entrance to use. He should be directed to a place where he can seek information such as the Main entrance, or an Information base which could be in the grounds. Apart from finding where he is meant to go, the driver's concern is to find out where he can park his car, directions to car parks rank high in importance.

Legibility

Three factors will determine the legibility of these signs. The position of sign; it must not be obscured. The height of the lettering; the height of lowercase letters should usually be 90mm. And the number of planks in a bank of signs; to have more than four or five can be dangerous for a driver to scan without braking or causing an obstruction.

Diagrammatic diagram of site entrances





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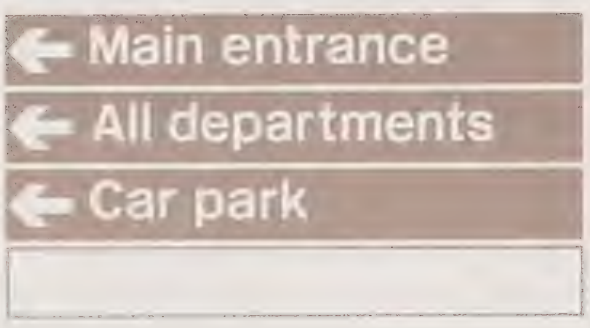

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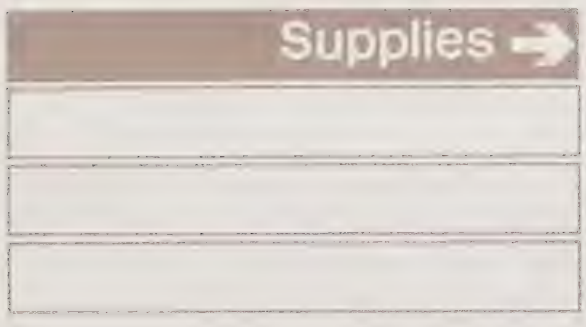
Set C (bottom side)



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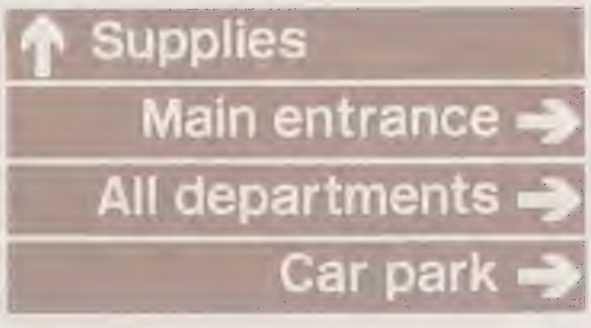

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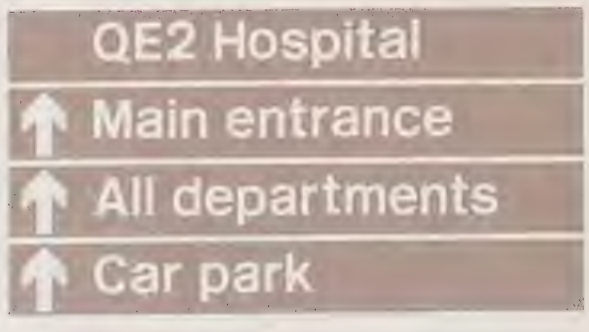


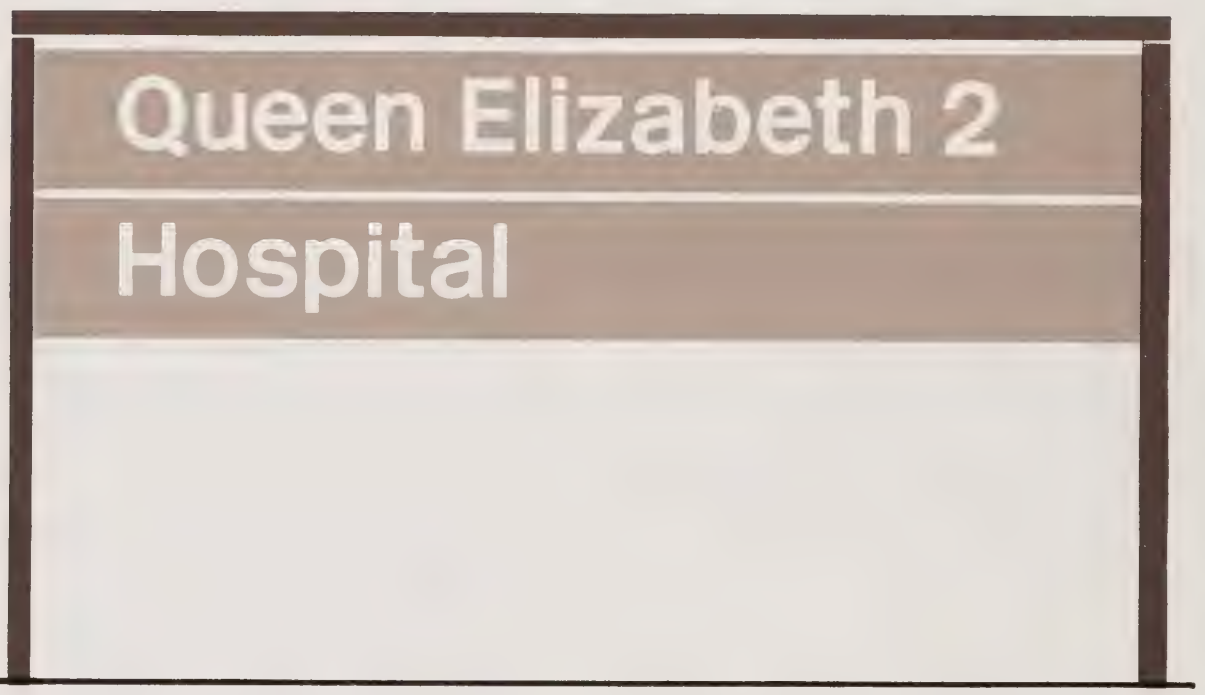
Set C (top side)

The hospital's name

Currently signs giving the hospital's name appear to be unduly modest and often obscure. In some instances they have been vandalised or have disappeared completely. When they do exist they are often placed so that they can only be read from the opposite side of the road, or after the driver of a car or ambulance has already turned into the hospital grounds. Such signs should be clearly seen and seen in good time.

Hospital name signs present a reasonable opportunity for a little individualism. The most simple and direct expression of the hospital's name is to use Health alphabet (a specially commissioned version of Helvetica described later), in white on a mid brown plank with a lowercase letter height of not less than 90mm. If the name of the Health Authority is to be included in the sign, it is likely to be considerably longer than the hospital's name. However, this can be achieved by using smaller letters on a separate plank but with a similar layout. The name of the hospital can be in yellow or a special colour, it can be in a typeface to match an Authority's logo, the colour of the plank can be changed, or the Authority's symbol or crest can be incorporated. If a degree of individualism is to be exercised, it should be limited to changing one facet only of the design rules with which the rest of this manual is concerned, so that consistency with other signs in the hospital is maintained.

A special 'cube' sign

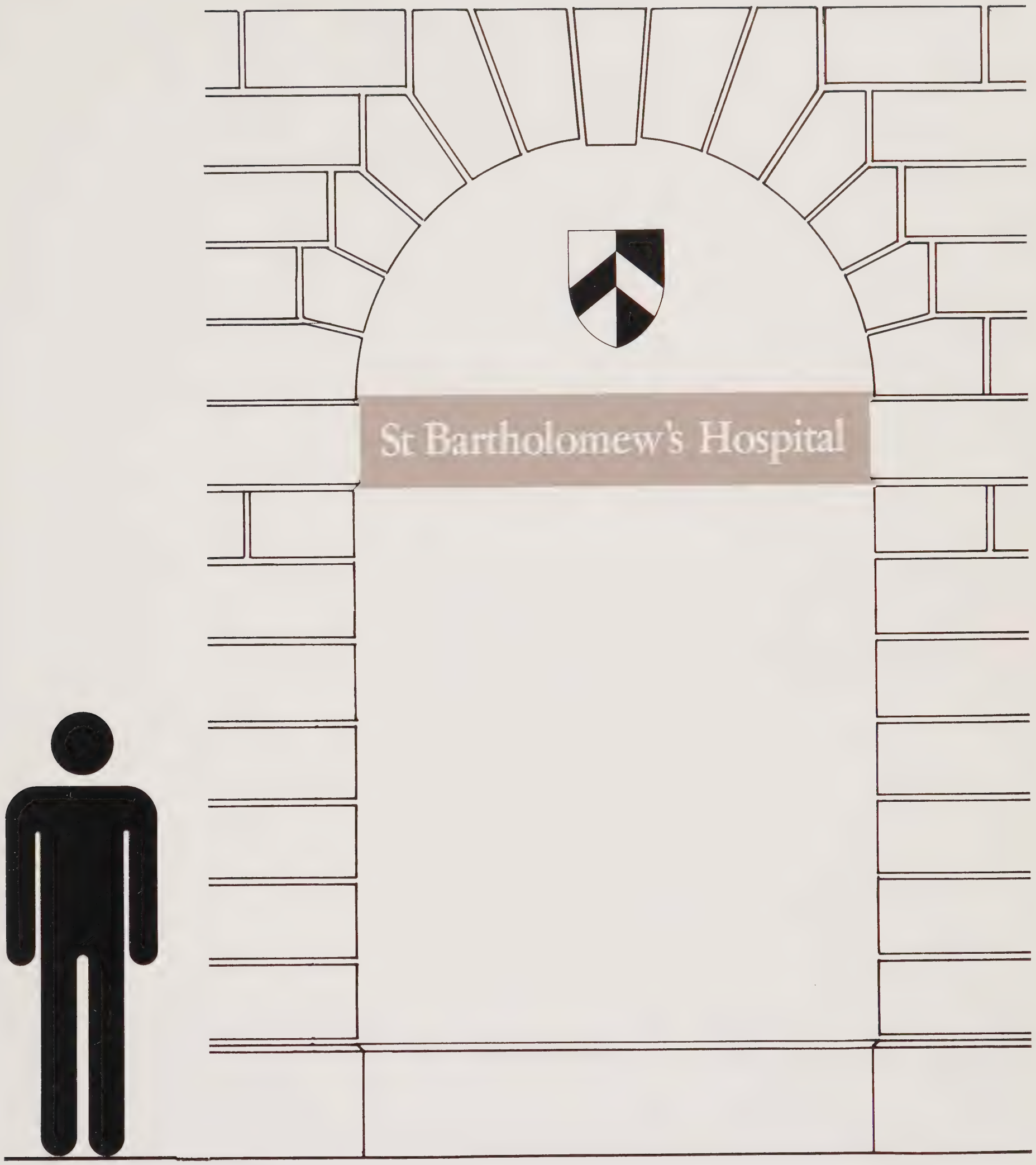


Type N
Standard planks with end fixed posts and illumination

Type K
The standard format, white on mid brown

Variation in the colour of lettering

Variation in the colour of background



Logotype and crest on a listed building - typeface Garamond

East Hertfordshire Health Authority
Queen Elizabeth 2
Hospital

Additional plank for the name of the Health Authority

Queen Elizabeth 2
Hospital

Variation in typeface - Clarenden

Queen Elizabeth 2
Hospital

Variation in typeface - Rockwell

Directions within hospital grounds

It is dangerous to place signs immediately within hospital grounds. A stranger is likely to slow down or even stop to look at the signs and consequently creates a hazard for drivers following him.

Primary entrances

In an ideal situation the entrances to all key departments would be readily recognisable from the entrance to the hospital grounds. Key entrances such as the Main entrance, Accidents and Out-patients are those that are used by the greatest number of visitors, or are most needed in time of emergency. There is a good case for highlighting them, and if they are to be seen from a distance ensuring that signs are visible over the tops of cars and ambulances. External signs need to be seen in the dark and although this is not always feasible in terms of cost, an exception should be made for the two or three key signs. These signs need to be internally illuminated and to be at fascia level. If practical, they should be legible from the entrance to the hospital grounds and also, if possible, from the car park.

Traffic flow

One significant requirement is for a driver to be able to take his patient to the entrance that he is looking for, to see him safely in, and then to be able to park and find his way back without difficulty or delay. One way of making certain that he knows his way about the grounds is to see that he drives past the most important entrances on his way to the car park.

Priorities for direction signs

There is a flow of visitors to all departments and in due course a way has to be found of guiding each to his destination. However, first of all, directions need to be given to those departments to which the majority of people go and those visited by people under stress. Thereafter some order of priority needs to be determined. This could be as follows:

1 Key entrances to departments e.g. Accidents, Main entrance (wards),
2 Enquiries (e.g. an information base or enquiry desk)
3 Car park and way out
4 Supplies
5 Secondary entrances e.g. Maternity unit,
6 Geriatric unit, Psychiatric unit. Staff residencies

Sequence of location and direction signs

In order to be consistent the priorities identified above should be used within the framework of the following sequence:

1 location signs
2 direction signs – straight on
3 direction signs – to either side

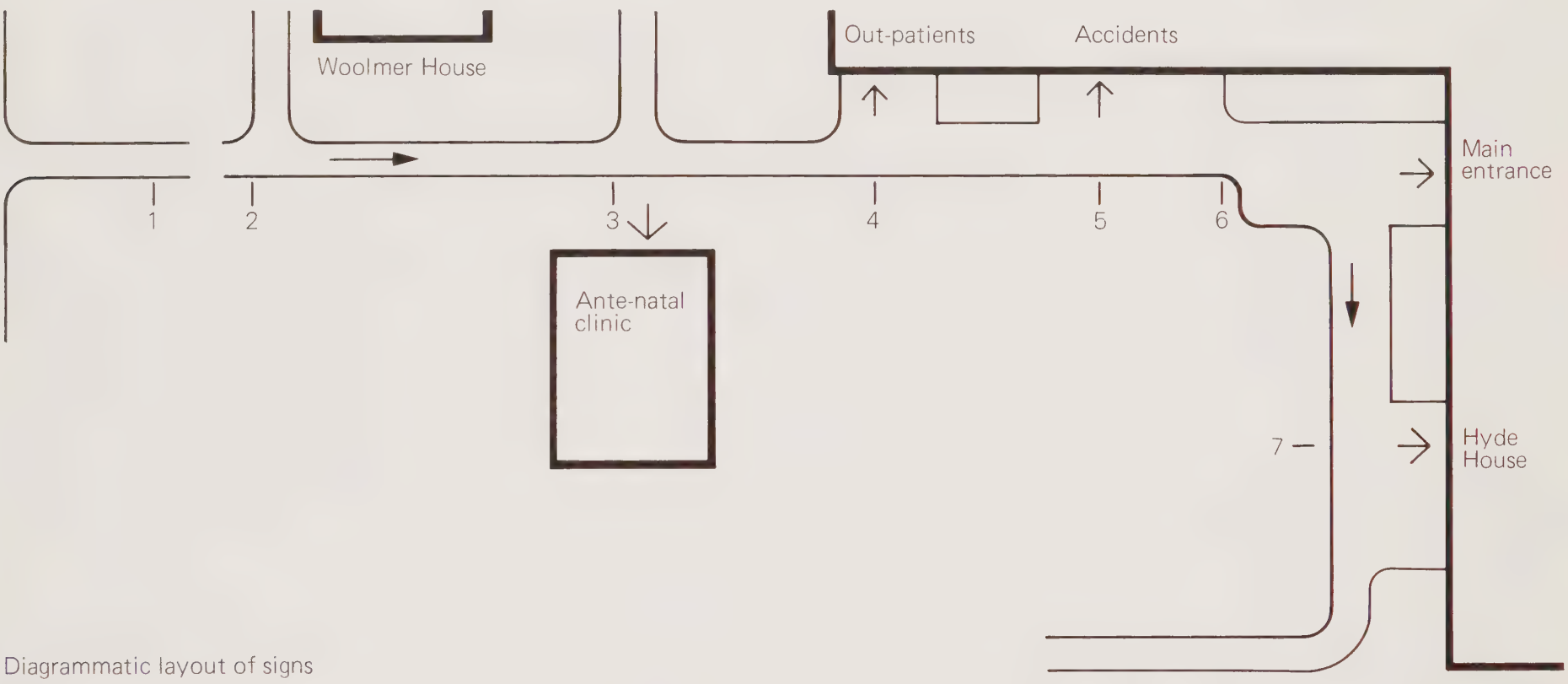
Accidents

Enquiries
On older, larger and more complex sites it may be advisable to accept that visitors, other than those to key entrances, should be given the opportunity to seek detailed guidance in one manner or another. For example, to direct them to an enquiry desk in the Main entrance, or to an Information base which would be near the entrance to the grounds, preferably by a lay-by where the driver can draw in safely, or in a car park. The directory signs to be used are illustrated in the section on Directions to departments.

Car parks
There need to be sufficient signs to car parks to avoid frustrated drivers dithering around the site looking for somewhere to park, or parking in places where they can cause an obstruction. Similarly there is a need for consistent directions to the way out.

Legibility
Of the signs mentioned, fascia signs for key entrances should have lower case letters of 200mm. Location and direction signs can have letter heights of 60mm, if speeds and viewing distances can be limited, if not, they should be 90mm. Traffic signs can normally be the smallest available. Heights of signs are considered in part 3. Care should always be taken to place signs so that they are not likely to be obscured by cars or ambulances.

Examples
In the examples below, the sequence of signs follows the principles above; priority entrances are signposted first, as they are reached location signs are used, as they are passed second priority destinations are added. In this instance, since distances are slight, intermediate signs are introduced without repetition of the priority signs. Note that the location signs normally range left, however, when the direction signs range right it is more consistent if the location sign also ranges right.



Diagrammatic layout of signs

Road traffic signs

Traffic signs are used within hospital grounds to give warnings, prohibit speeding, parking and so on. To some extent they are a last resort, particularly as a means of controlling parking. Only full-time staff or physical obstructions are likely to influence 'knowing' drivers who are aware of the difficulties of implementing these signs.

Footpaths

Pedestrian routes both from the site entrance and from car parks may need to be signposted if they do not coincide with driveways or if dangerous intersections are to be avoided. Routes that are accessible to the disabled should be marked with the correct pictogram.

Landscaping

Ill considered location of signs in relation to landscape features can cause considerable maintenance problems, which may result in unsightly neglect of problem areas. Ideally signs should be sited in an area of ground cover, or low planting, in a hard paved area, or set in cobbles or gravel.

If there is no alternative to siting a sign in a mown grass area a hard mowing strip, preferably 300mm on each side of the posts and certainly not less than 150mm should be provided. Turf should stand 40mm higher than the hard finish to ensure that mowing machines can cut a clean edge. Pebble or gravel mowing strips should be avoided, as they may foul the machinery. The location of a sign in mown grass is also important, particularly if gang mowers are to be used. Strips of grass between signs and kerbs tend to be neglected.

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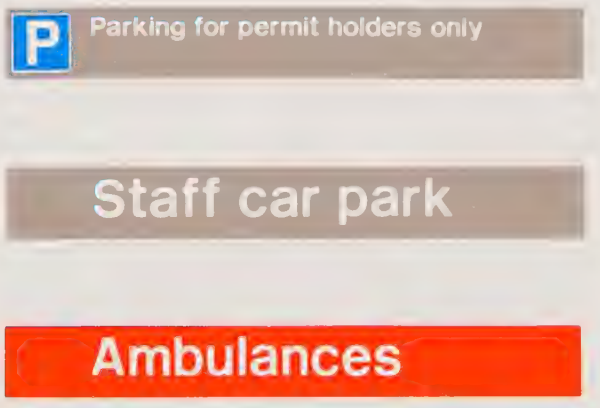
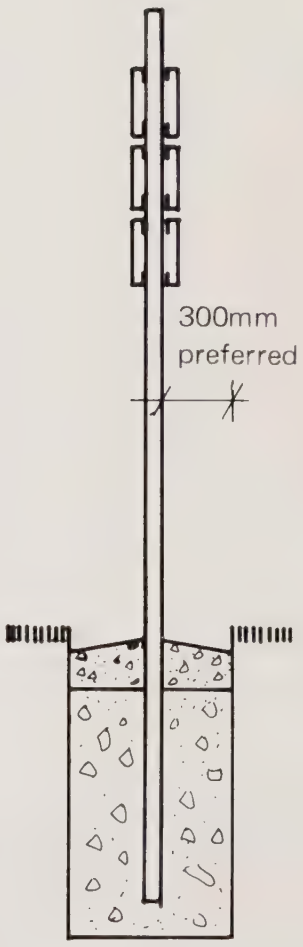
Road traffic signs

Signs for the disabled



Parking signs



Signs in grassed areas

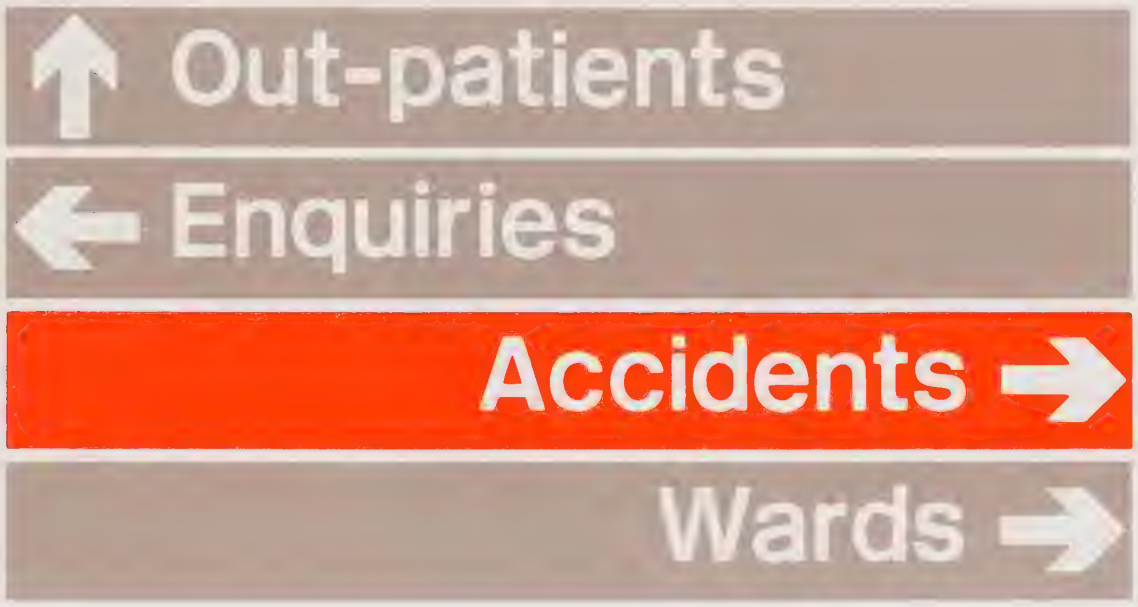
Directions to departments within hospitals

Direction signs
When, for example, at an important entrance a considerable number of people are looking for Out-patients or Wards, then the most immediate and most effective signposting method is the use of clearly positioned direction signs. Accidents is one such department that should be signposted from all entrances in this way. However it is not practical to use direction signs for more than a handful of departments. If the user is visiting a less frequented destination he needs to seek guidance. He can do so at Enquiries itself, but an alternative which can relieve staff of repetitive and mundane enquiries is to provide a hospital directory.

Directory signs
Unlike direction signs which are intended to be viewed by people from a distance and possibly on the move, a directory is intended to be placed in a position where it is possible for a group of people to stop and consider where they wish to go. It can also be an aid to their visit if only to inform them where to find toilets or telephones, or where to go for a cup of coffee. Space is provided in the layout of directory signs for the use of arrows, but normally they are intended for listing destinations by floor, building or department.

Directions between departments
Patients are likely to be escorted by members of staff between many departments, the one major exception being Out-patients, from whence patients are most likely to be sent on to other departments such as Pharmacy, Pathology or X-ray. It is particularly helpful if any documentation, with which the patient is issued, uses the same terminology that is shown on signs, if he is not to be confused.

Legibility
The normal size of lettering for direction signs is 40mm. This is ample and only needs to be exceeded in very large concourses, or where the general scale of building is large and the viewing distances considerable. In which case a letter size of 60mm can be used, to use larger lettering is often self-defeating. Since Enquiries plays such a key role in providing information, it may warrant a comparatively large location sign. In the same way that increasingly large lettering can have a negative effect so too can an increasing number of signs. The objective should be to exercise restraint in the number of direction signs used, and to ensure that they are clearly displayed and compactly organised. Where numbers of signs are essential, directory signs should be used with a direction sign



Direction signs limited to a few selected destinations

QE2 directory	
Appliances	3
Admissions	1
Accidents	2
Ante natal	2
Bank	2
Catering	1
Clinics 1 and 2	2
Clinics 3-8	3
Dietitian	3
Domestic services	1
ECG	3
Gymnasium	3
Hairdresser	4
Library	1
Main entrance	2
Maternity	7
Medical photography	5
Medical records	1
Occupational therapy	3
Pathology	4
Pharmacy	1
Physiotherapy	3
Post graduate centre	2
Reception	2
Safety officer	2
Shop	2
Speech therapy	3
Theatre unit	6
X-ray	5
Wards:	
Ayot	6
Ashwell	7
Bramfield	7
Bayford	5
Codicote	8
Datchworth	7
Digswell	8
Essendon	6
Hatfield	5
Knebworth	6
Lemsford	5

A hospital directory can accommodate a greater number of potential destinations

leading to their position if it is not otherwise obvious. Despite being much smaller and more compact than direction signs, directories can be read at quite a reasonable distance, probably up to 7.5 m.

Intermediate signs to departments
Once a sequence of direction signs has been started, it needs to be continued without interruption until the destination being signposted is reached. At each intersection or change of direction the need for a follow-up sign should be considered. Similarly, if the distance along a straight corridor is such that signs at the far end are not even apparent, the user may need some reassurance. Nevertheless, if the choice of direction is unambiguous, repetition of signs should be avoided. When the route leads past the reception desk to another department, users almost inevitably stop to confirm that they are going in the right direction, it can help to avoid undue wastage of staff time if a direction sign en route is clearly visible a little ahead.

Lifts and stairs
When directions lead to a lift or staircase, or to a main concourse, it may be helpful to provide a further directory. When direction signs have been using a collective term such as Wards, lift directories can then be used to identify each ward and its floor level. Lift directories need to be duplicated within the lift since many people forget which floor they are meant to be going to.

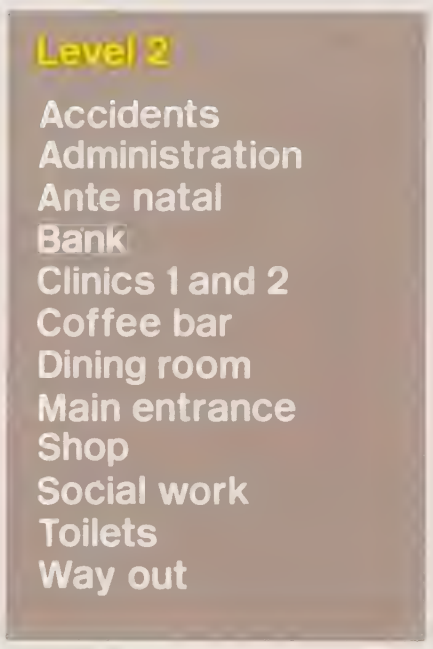
Landings
At each floor level there should be a floor number clearly visible from the lift, this applies to staircases also. Directions started on other floors need to be picked up and continued, while new, more local, destinations need to be added. This may involve the use of direction signs or of a floor directory.

Toilets and telephones
If practical, public amenities such as toilets, telephones or coffee bars should be visible from the more frequented routes without resorting to the use of more direction signs. This can be achieved by the use of pictograms either on doors or on projecting signs above doors. These signs are referred to as Public information symbols and are considered in a later section.

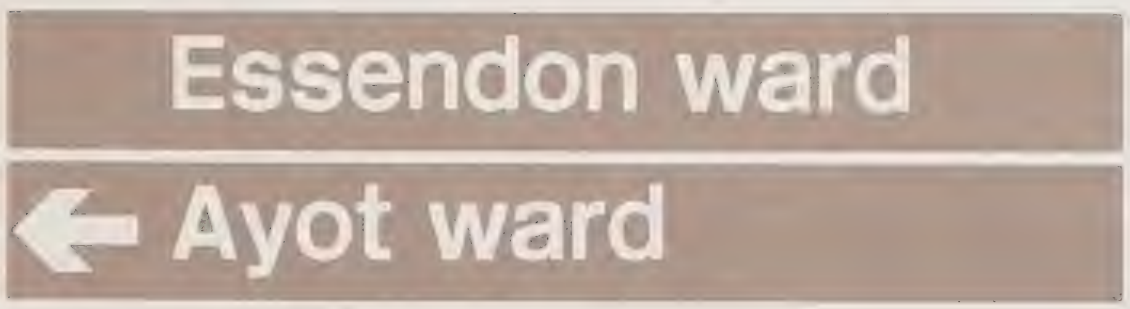
Location signs
The final sign in routing to a department should be a location sign, possibly at a departmental reception desk. The fact that the destination has been reached is emphasised by dropping the use of the arrow.

Floor number

Lift directory

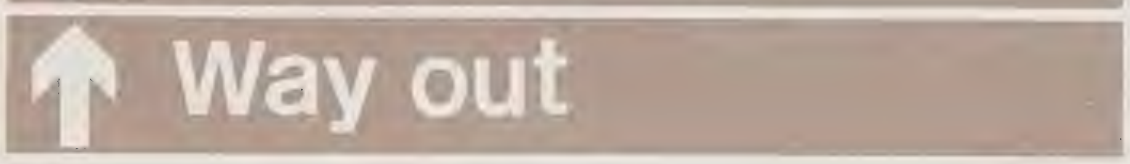


Floor directory



Location sign at destination

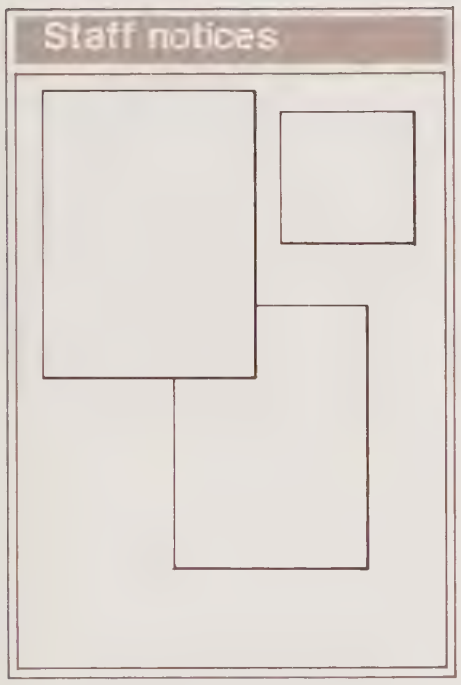
Direction sign en route



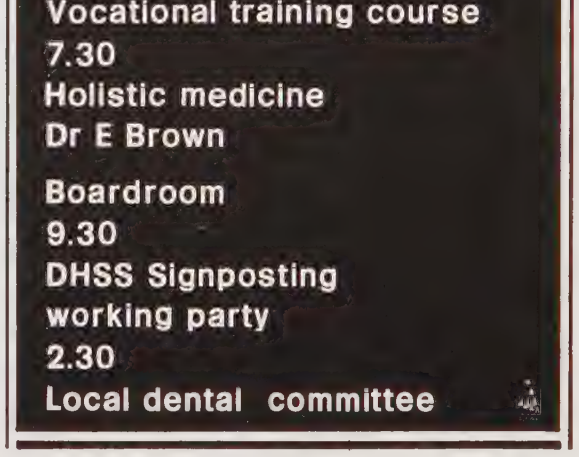
'The user needs to get out again

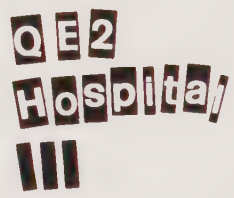
Noticeboards
Much of the visual clutter in hospitals is caused by indiscriminate placing of posters and notices. Some improvements can be achieved if proper noticeboards are provided for them. These can either be fixed direct to the wall or suspended from the track of demountable storage furniture. Predetermined titles help to ensure that information is reasonably grouped.

Events boards
Within the Health Signs system is a complementary system of temporary signs intended primarily for the day's events. It comprises a number of different sizes of boards on which individual letter tiles are clipped. The alphabet used is not Health Alphabet, but it is similar. The background colour is black, and screen printed titles can be incorporated which can be on the Health mid brown background. Such signs are also available on stands so that they may be moved around.



Notice board





Events board with loose letters

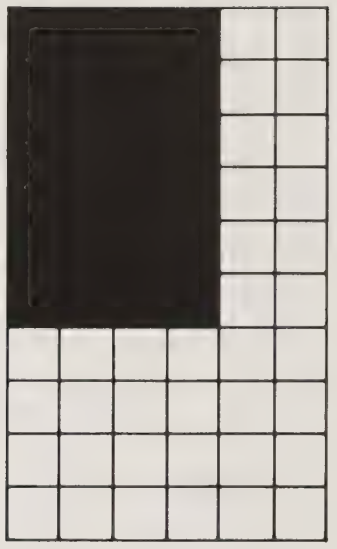
Directions to clinics

There is a need in some Out-patients departments for a board on which the names and locations of the various clinics can be displayed, together with the names of consultants on duty. This is met by the use of a set of directory signs with interchangeable planks. Each directory sign or module takes twelve planks. A number of modules can be combined horizontally or vertically. A stock of planks is then held for different days of the week, mornings or afternoons, clinic numbers and the names of consultants. In some instances it may be desirable to add to this stock the subject of each clinic eg Paediatrics or Gynaecology.

Legibility

To avoid any possibility of confusion where directory signs meet, all arrows to clinics are ranged to the right of the wording. To aid speedy recognition, days of the week, times of day and floor levels are in yellow. As in other signs full stops are not used.

Q1-5
300 x 450



Level 1	QE2 out-patients	Monday am
Clinic 1 ↑	Dr E Williams	Ms J Higgins
Clinic 2 ↑	Mrs J Bristow	Dr S Wang
Theatre ↑	Mr W Ward	
Level 2		
Clinic 3 ↖	Dr V Costigan	Mrs B Wilde
Clinic 4 ↖	Dr K Jamieson	Dr S Williams
Clinic 5 ↖	Ms J Dunstan	
Clinic 6 ↖	Mrs B Home	Dr A Sengupta
Clinic 7 ↖	Dr A Patel	Dr K Aziz
Clinic 8 ↖	Ms R Akeroyd	Mrs I Baker

Level 1		Monday pm
Clinic 1 ↑	Dr E Williams	Ms J Higgins
Clinic 2 ↑	Dr G Frecknall	Dr A Hitchcock
Theatre ↑	Dr N Khan	
Level 2		
Clinic 3 ↖	Dr V Costigan	Dr M Taneja
Clinic 4 ↖	Dr K Jamieson	
Clinic 5 ↖		
Clinic 6 ↖	Mrs D Wood	Dr F Leech
Clinic 7 ↖	Dr A Gibbs	Dr O Shepherd
Clinic 8 ↖	Ms R Akeroyd	Mrs I Baker

Directions within departments

Room numbers

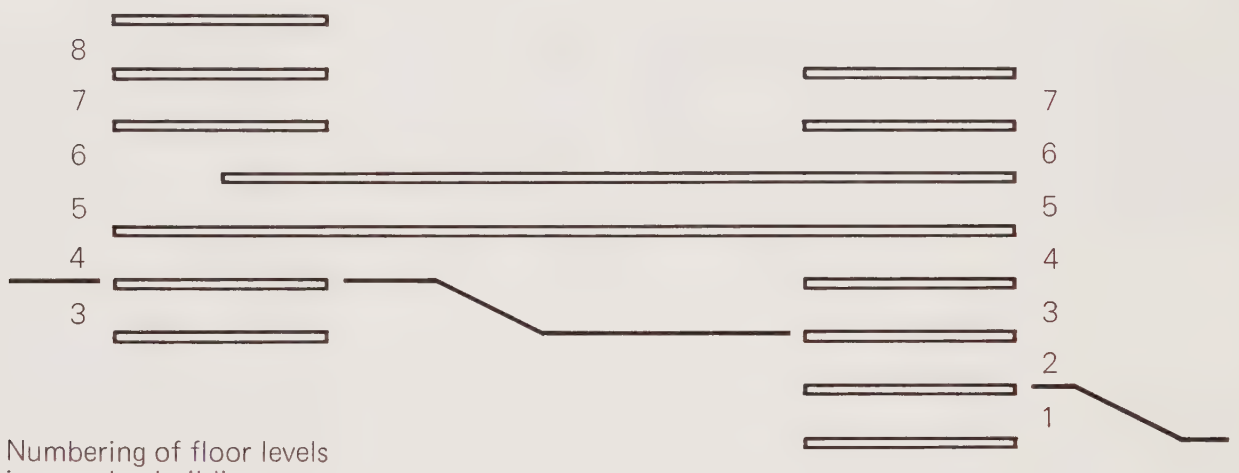
There is a need for the comprehensive numbering of rooms as an essential aid to hospital administration and to assist in requisitioning supplies, as well as for scheduling regular cleaning, occasional repairs, maintenance and modifications. Each room requires to have a unique number to avoid the possibility of confusion, and the number needs to be informative, so that staff and regular users may come to recognise the approximate location of a room by its number. For these purposes a room may be crudely defined as a confined space, with or without a door into which it is possible to walk. It also includes circulation spaces. No one method of numbering is likely to meet all requirements of diverse health buildings both old and new. It would be impractical to impose a complex numbering system on a small isolated building and it would be equally impractical to ignore established traditions such as the use of terms like ground floor in existing buildings. The form of numbering, based on the British Standard for construction drawing practice, is one that has four facets contained in six characters. It is appropriate for major projects and can be simplified for smaller ones. The build-up of numbers is as follows:

Buildings. The first character (a letter) identifies the building in which the room is located. This allows for 26 different buildings or parts of buildings to be placed.

Floor levels. The second character (a number) identifies the floor level, starting with level 1 at the bottom of the site.

Rooms. The next three characters identify the rooms on any one floor from 001-999. Normally rooms should be numbered sequentially and when appropriate in a clockwise direction starting from the main entrance, they should always be numbered consistently. It can be an advantage to allocate packages of numbers for particular purposes, for example, circulation spaces may be numbered from 900-999 to avoid confusion with sequential room numbers. Or on a racetrack plan, rather than numbering the whole way round on one side of a corridor and then the whole way on the other, it can be numbered section by section. Taking the limits of a section, for example, to be enclosed by fire doors.

Sub-divisions. The final and sixth character (a letter) is for sub-divisions of a room and for changes, which may occur after numbering has been completed.



Numbering of floor levels in complex buildings

Numbering of rooms

Identity signs
The purpose of these signs is simply to identify the occupant or function of a room. They are normally fixed on or beside a door, or project above it. There are four groups of signs. The first of which is a group of square signs for room numbers, or for identifying a row of rooms of similar function, such as side wards or cubicles, which need only to be distinguished by a single letter or number.

The second group, of small signs, is for the great majority of smaller rooms used by staff and in-patients which do not need to be identified from a distance and often cannot even be seen from a distance. On these the occupant can be given by name or title, or both. Alternatively the title may be stated and a series of printed sliders used for different names, these are used, for example, in consulting rooms. Blank sliders are also available on which a name may be written. If needed, a slider can be used to show whether the occupant is free or engaged.

The third is a group, of medium size signs, larger than the second. These signs are used as an alternative to the large signs in smaller buildings such as health centres, where less people and shorter viewing distances are involved. On some occasions they may also be used to replace the small signs. A consistent use of one or more of the different sets is essential. Advice on the use or mis-use of rooms can be added to any of these signs in the form of safety signs, which are described in a later section. Sign holders can be used with all except the largest identity signs.

The fourth group is of large signs, where numbers of visitors are involved or the signs need to be read from a distance or in a hurry.

A1, A2
75 x 75

C1, C4, C5
75 x 150

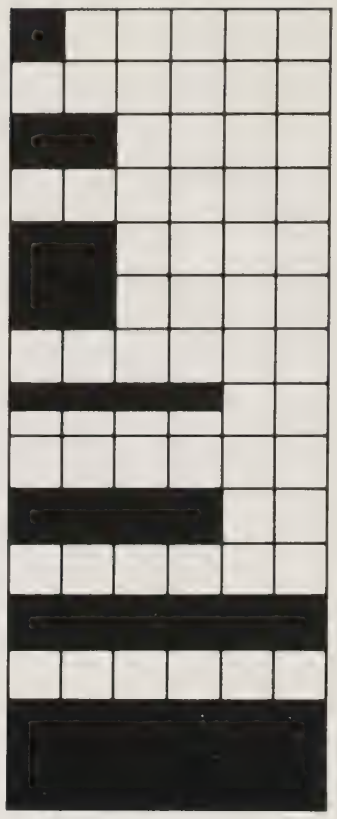
B1
150 x 150

U
37.5 x 300

V
75 x 300

D
75 x 450

E
150 x 450



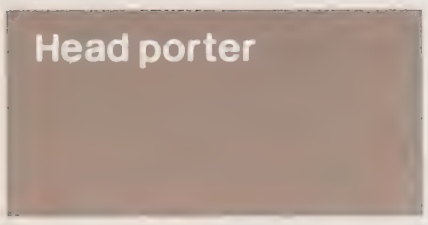
A1 Numbers and letters

A1

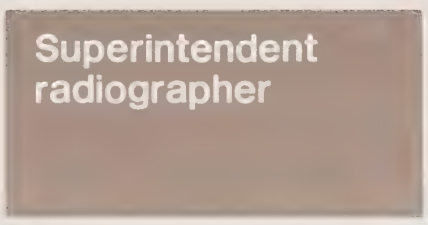
A1

B1*

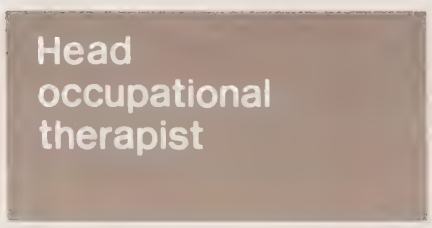
B1*



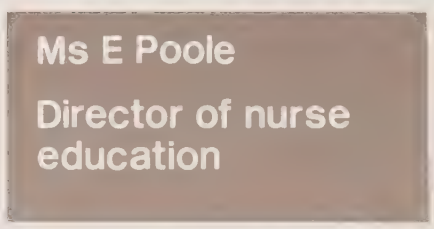
C1



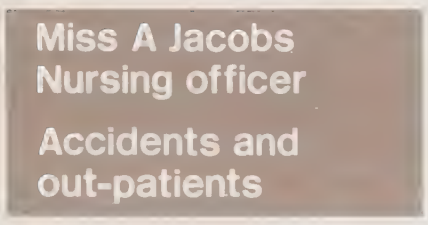
C1



C1



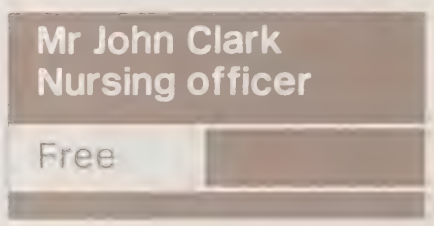
C1



C1 Small identity signs

C4

C4



C5

U Medium identity signs

V 2 line equivalent of U

D* Large identity signs

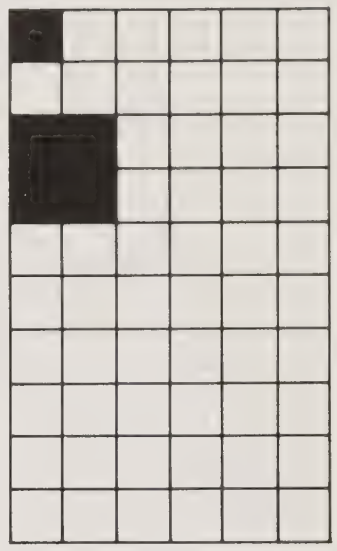
E* 2 line equivalent of D

* These signs may be used with a projecting fitting

Public information symbols
On a limited number of occasions it is possible to use pictograms in lieu of worded signs. They have the advantage of being easier to recognise at a distance and to some extent they overcome language barriers. Many have the disadvantage of being difficult to understand and do little more than provide a guessing game. A small set of readily recognisable pictograms are used in health buildings and these include: access for the disabled, coffee or tea bar, women / women's toilet, men / men's toilet, telephone, smoking allowed, bus, stairs, taxi and waiting room, the last eight of these are internationally standardised and selected from BS 6034 : 1981 Public Information Symbols. The male and female symbols are mostly used for toilets but may also be used for rooms such as bathrooms and changing rooms. 75 × 75mm signs are used whenever possible and where there is no need for them to be read at a distance. 150 × 150mm signs may be used in areas where large numbers of visitors gather. When used as projecting signs the 150 × 150mm symbols are recognisable from a distance and eliminate the need for a direction sign.

P1
75 x 75

P2
150 x 150



Y04
Men/men's toilet

Y19
Women/women's toilet

Y09
Access for the disabled

Y13
Coffee/tea bar/ snacks

Y01
Telephone

Y34
Smoking allowed

Y08
Stairs

Y28
Waiting

Y48
Taxis

Y31
Buses

Notices

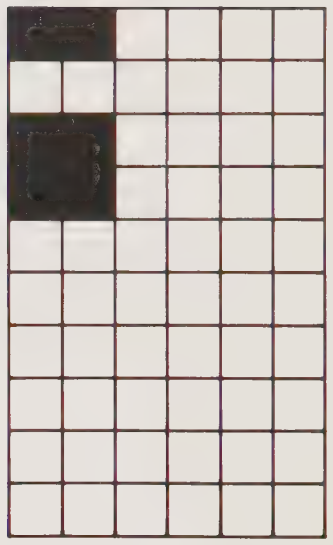
Standard notices for use in hospitals are intended to supplement information given by nurses and other staff, and to add credence in difficult situations. They are also intended to help keep the proliferation of notices under control by providing a well considered alternative. Such notices are only economical if they are standardised and a large number produced of each type. In some instances such as notices of Visiting times there are bound to be variations in the times to be included, but advantages are to be gained in both specifying and manufacturing if the standard layout is maintained. Notices are made in two inter-related sizes, one being half the size of the other, to allow a group of notices to be assembled tidily and at times to be combined with other types of sign. Notices are printed in brown on a white background for all languages. However some notices that have a safety connotation are in safety colours and these are included in the section on safety or fire safety signs that follow. Unlike most of the signs included in the Manual, notices will not always be specified by the architect or interior designer, but their design ensures that they will coordinate with the other signs even if added at a later date.

Headings

A notice should have a simple explicit heading indicating its subject matter. A generalised heading such as the word Notice is not informative and should not be used.

C3
75 x 150

B3
150 x 150



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2 visitors only

Visiting is limited to 2 visitors to a patient at any one time

Z01

Children

Children under 12 years may visit close relatives for the last 15 minutes of visiting time only

Z05

Sweets

Please hand all sweets and foods for patients to the nursing staff who will dispense according to the patient's treatment

Z07

Female patients

If there is any possibility that you may be pregnant it is very important that you inform the radiographer before you have an x-ray

Z08

Smoking

If you wish to smoke after your meal please do so in the coffee lounge

Z09

Pacemakers

If you wear a pacemaker you should tell the staff on arrival

Z11

Alternative way out

These doors are closed from 11pm - 6am
When they are closed please use the Accidents entrance

Special

Medical certificate

If you wish to claim Sickness Benefit or Industrial Injury Benefit please get your medical certificate from the hospital doctor at the time of your consultation. It cannot be issued at any other time

Z03

Personal property

The Health Authority cannot accept liability for money or valuables brought on to its premises unless they are handed in for safe keeping and a receipt obtained

Z04

Visiting times

Sunday, Monday, Wednesday, Friday and Saturday	3-4 pm and 7-8 pm
Tuesday and Thursday	6-8 pm only

Visiting is at the discretion of the sister or charge nurse dependent on the condition of the patient

Z06

Heat treatment

When undergoing heat treatment you should feel no more than a pleasant warmth. If you feel any unusual sensation such as cramp, pain or too much heat you should call for assistance at once
Failure to do so could lead to serious burning
Do not go to sleep during the treatment

Z10

Safety signs

Over the years many widely differing and often conflicting safety signs and systems of safety signs have been developed. This has been a matter of concern for EEC, which then determined one standard system. This system has been published in this country as BS 5378 : Safety signs and colours : Part 1 : 1980 : Specification for colour and design. The Safety Signs Regulations 1980 resulting from the EEC Directive make the implementation of this British Standard mandatory. According to the regulations all new safety signs must conform to the Standard, and existing signs that conflict must be replaced or removed by 1 January 1986.

According to the regulations a safety sign means a sign combining geometric form, colour and pictorial symbol to provide specific health or safety information or instruction (whether or not any text is also included). Examples of safety signs are given in an appendix to BS 5378. When a safety sign having a particular meaning is needed, and a sign with this meaning is in the appendix, that sign must be used. Where there is no appropriate sign, a sign that complies with the definitions of geometric form, colour and design of symbol will conform with the Standard. A number of additional signs have now been published in BS 5378 : Part 3 : 1982, these are recommended but do not have the standing of signs in the appendix to Part 1, which are mandatory.

Supplementary signs

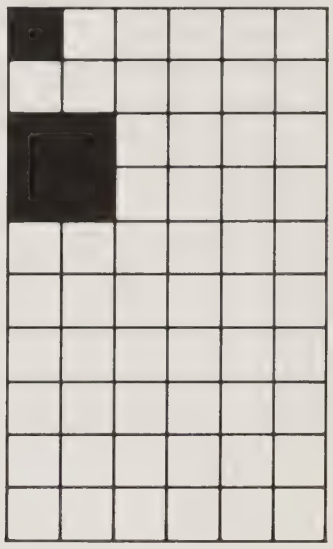
When desirable a supplementary sign, that is to say a sign with text only, may be used in conjunction with a safety sign in order to provide additional information. A supplementary sign is not used without a pictorial symbol.

The safety sign system

The system consists of four facets: colour, geometric form, pictorial symbol and words. The combination of colour and geometric form determines four categories of safety signs that have the meaning: prohibition or stop, caution, risk of danger, mandatory action, or safe condition.

P1, S1
75 x75

P2, S2, S3
150 x 150



*words not used for safety signs, the example is of a fire safety sign.

Pictorial symbols
Having determined the four categories, a pictorial symbol is added to give either a basic or specific meaning. In principle a symbol does not define a category and indeed could be used in any category. In practice it is difficult to find a symbol that could be used in all four categories. However, as an example only, a dog could be shown in a red prohibition circle to indicate that dogs are not allowed, in a yellow triangle to give warning of guard dogs, on a green square to show that guide dogs are welcome with blind persons.

Fire safety signs
The relationship of fire safety signs to safety signs follows this section.

Range of safety signs
A range of safety signs appropriate to health buildings has been selected and is illustrated below. They include signs given in the appendix of BS 5378 : Part 1, as well as signs that have been designed in accordance with the definitions of colour, geometric form and pictorial symbol, together with signs from Part 3. On occasions when the Standard permits alternatives a selection has been made in the interests of consistency and economy.

Prohibition signs
This category of sign meaning prohibition or stop has a red circular band with a 45° bar on a white background, any pictorial symbol is in black. Text is in white on a red background on a supplementary sign.

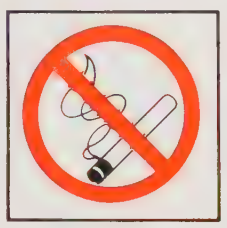
Warning signs
These signs have the meaning caution, risk of danger. The geometric shape is a black triangular band, containing a black symbol on yellow with a white surround. Text is not used within the triangle for Health Signs and the corners of the triangle are not rounded. Text on supplementary signs is black on yellow.

Mandatory signs
The geometric shape is a blue circle on a white background with a white symbol. Text on supplementary signs is in white on a blue background. (Text is not used within the circle for Health Signs except for fire safety signs which follow in a later section).

Safe condition signs
The geometric shape is a green square on a white background with a white pictorial symbol. Text is in white on a green background on a supplementary sign.

Supplementary signs
The option in BS 5378 to use text in black on a white background is not used in Health Signs.

Y23
Prohibition (general)



Y17
No smoking

Y07
(use with Y23)

Y42
(use with Y23)

Y36
(use with Y17)

Y45
(use with Y17)

Y15
Caution risk of danger (general)

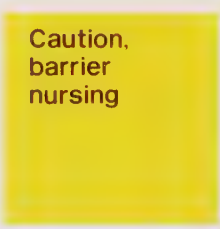
Y12
Caution risk of explosion

Y21
Caution toxic hazard

Y10
Caution risk of ionizing radiation

Y02
Caution biological hazard

Y06
Caution risk of electric shock



Y22
(use with Y02)

Y03
Mandatory action (general)

Y47
Overshoes to be worn

Y26
Face mask to be worn

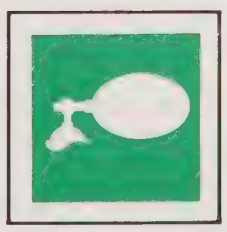
Y25
Cap to be worn

Y44
Gloves to be worn

Y49
Wash hands

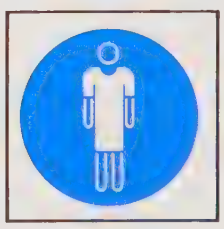
Y29
Use telephone

Y24
Safe condition (general)



Y27
Resuscitation equipment

Y50
Defibrillator



Y38
Gown to be worn

Note. for each specific safety symbol there is also a supplementary sign with the wording given.

Danger identification

BS 5378 includes the provision of a yellow and black diagonal striped band for use where there is risk of a collision or where there are hazards such as steps, holes in the floor and so on. It is to be hoped that such dangers will be avoided in health buildings except under the most temporary circumstances. This being so, the use of danger identification bands should not be encouraged.

Other health signs

In order to promote the use of safety signs and to avoid even the slightest chance of confusion, the use of the colours red, yellow, blue and green is to be phased out of health signposting as and when the opportunity arises. The one exception will be the continued use of red for Accidents, Ambulances and Major accidents signs.

Recognition of symbols

The safety sign system provides a readily recognisable format of bright colours and geometric forms. However, individual pictorial symbols are not always easy to identify at first sight. For staff they act as an 'aide memoire' to supplement training as a quick and effective reminder. The public also use health buildings and their needs have to be taken into account as well. The safety sign, therefore, should normally be accompanied by a supplementary sign. The former to attract attention, so that it may be appreciated that it has to do with people's safety, the latter to give explicit information. The 75 × 75mm safety sign with a supplementary sign of the same size below, or to the right of it, will satisfy almost all conditions. The 150 × 150mm version may be used if it is important for the sign to be read from a distance. In some instances it is necessary to use two pairs of signs, for example, when there is a warning of flammable material that needs supporting by a no smoking sign.

Safety notices

Sometimes it is necessary to give instructions associated with a safety sign. Fundamentally this implies the use of a supplementary sign, in Health Signs a design is used that combines the pictorial symbol, a heading and a notice on a 150 × 150mm sign.

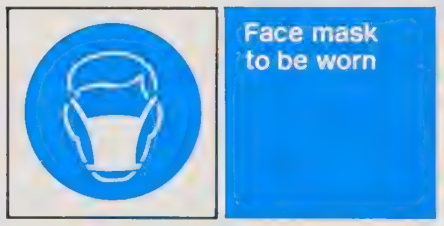
A general warning sign used without a supplementary sign

A specific prohibition sign used without a supplementary sign

A general prohibition sign with a specific supplementary sign

A specific warning sign with its own explanatory supplementary sign

A specific warning sign with a special supplementary meaning



An alternative layout with a supplementary sign to one side of a safety sign

Signs combined to convey a dual message

Y52 Combined elements in a safety sign/ notice

In an emergency dial 400
1 Name your ward or department
2 State type of emergency, eg cardiac arrest, violent patient, need for a specific doctor

Y53

Fire safety signs

Signs concerning fire fighting, rescue equipment, or emergency exits are explicitly excluded from the Health and Safety Signs Regulations 1980. Nevertheless signs specified in BS 5499 : Part 1 : 1983 : Fire Safety Signs conform in most respects to the principles determined in BS 5378 : Part 1: 1980. Few users of health buildings will be conscious that some signs in use may have originated as safety signs and others as fire safety signs. In the range of fire safety signs selected for the Health Signs system and shown below, the four general signs are repeated but specific signs already shown as safety signs are not. There are differences between the two ranges, particularly noticeable is the lack of pictorial symbols in fire safety signs. This has led to the use of text in geometric shapes, which is avoided in safety signs. There is also an additional category for fire equipment.

Fire equipment signs

These signs have a geometric form that is a red rectangle with text or symbol in white.

Future standardisation

A draft international standard, concerned with pictorial symbols, has already been out to public comment. In due course a version of this should emerge as a British Standard, if so it will probably include the 'running man' as the pictorial symbol for a fire exit.

Signs on doors

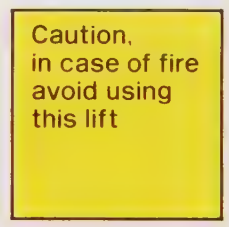
A sign with the words, Fire door keep shut, should be permanently displayed at about eye level on both faces of fire resisting doors. On doors that are kept open, but which close automatically in the event of a fire on the operation of detectors, a sign should be used with the words, Automatic fire door keep clear. Such a sign may be accompanied by a supplementary sign with the words, Close at night.

A sign with the words, Fire escape keep clear, should be displayed on the external face of all doors that are provided as a means of escape in case of fire, which if not otherwise used are liable to be obstructed.

Y23
Prohibition (general)

Y15
Caution risk of danger (general)

Y20
Caution risk of fire



Y55

Y50

Y03
Mandatory action (general)

Y11
Fire action (general)

Y05

Y16

Y14

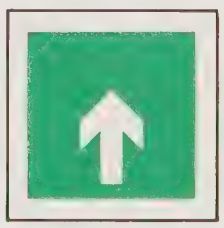
Y18

Y59

Y24
Safe condition (general)

Y32
(use with Y24)

Y46
(use with Y24)



Y33
Horizontal evacuation: escape route

Y39
Horizontal evacuation: compartment/ sub-compartment

Y43

Y41

Y37

Y51

Signs on cupboards
All cupboards with fire resisting doors should have a sign on the outer face with either the words, Fire door keep shut, or Fire door keep locked.

Fire action notices
These notices should be displayed at regular intervals throughout a health building. Suitable positions would be adjoining fire alarms. Wording will depend upon hospital policy, but should always be succinct. Such signs are intended as an aid to staff training and as a guide to others, they are not intended to replace detailed fire fighting instructions, which are properly contained in training manuals.

Signs on lifts
There are a number of signs which may be appropriate on a lift: Caution, in case of fire avoid using this lift; Fire brigade lift or, This lift is not to be used by unauthorised persons.

Fire equipment
Whenever possible the position of fire equipment should be self-evident. When this cannot be so a sign is used with white letters on a square red background. Examples are: Foam inlet, Dry riser, or Wet riser.

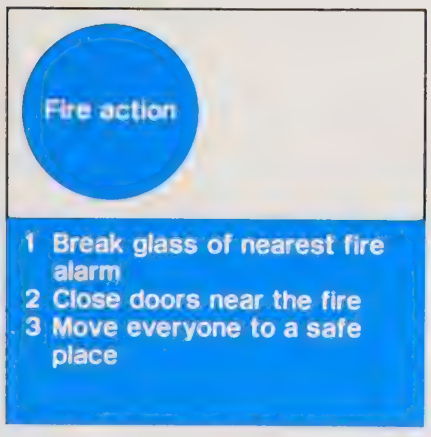
Fire exit doors
Any exit door intended as a means of escape, which is not a normal way out of a building should be indicated by a sign with the words Fire exit. The sign should be placed immediately above the fire exit opening. When this is not possible, a position should be chosen where the sign is least likely to be obstructed and most likely to be seen. When a fire exit is not visible along a fire escape route and its position may be in doubt, direction signs with the words Fire exit together with an arrow should be used. On lengthy corridors it may be advisable to use two signs spaced apart rather than one large sign. Fire exit signs should be placed in conspicuous positions, for example, in a bank of mid brown signs with which they contrast. They need to be illuminated so that they are clearly seen. As a corollary the normal way out of a building should be consistently and clearly signposted. These signs would have the words, Way out, in white letters on mid brown.

Signs on escape doors
An escape door fitted with a panic bolt or latch should have the words, Push bar to open, in white letters on a green background. Where a latch or key is kept under glass a safe condition sign is used with the words, In case of fire break glass.

Fire safety signs with supplementary signs

Directional fire exit signs type F or H

Special D+ fire safety sign
600 x 75



Y54
Fire safety sign/ notice

Horizontal evacuation
New hospitals are now being designed on the principle of horizontal evacuation as described in HTM 81, Fire Safety in Health Care Premises: Planning and Design of New Buildings. The effect of this in terms of Health Signs is as follows:

All doors on horizontal evacuation escape routes are to have a safe condition sign with the meaning "carry on". Alternatively, if such doors are in a compartment or sub-compartment wall, they are to have a safe condition sign which is also indicative of this. The latter type of sign is not only to be used at the normal eye level, but also near the bottom edge of the door above the kicking plate. These signs are used in association with the normal mandatory action signs, such as, Fire door keep shut, or Automatic fire door keep clear. In some instances it is advisable to show that a door leading off a horizontal evacuation escape route should not be used, for example, when it leads to a staircase. These signs are intended for the information of staff and their significance will be conveyed to them via normal staff training procedures.

Identification disc
Each leaf of a fire resisting door or doorset shall be marked by an identification disc at the top of the hanging stile. The disc to be 45mm diameter with 7.5mm 'x' height white letters on mid brown. Detailed information is given in HTM 81: Fire safety in Health Care Premises – planning and design of new buildings.

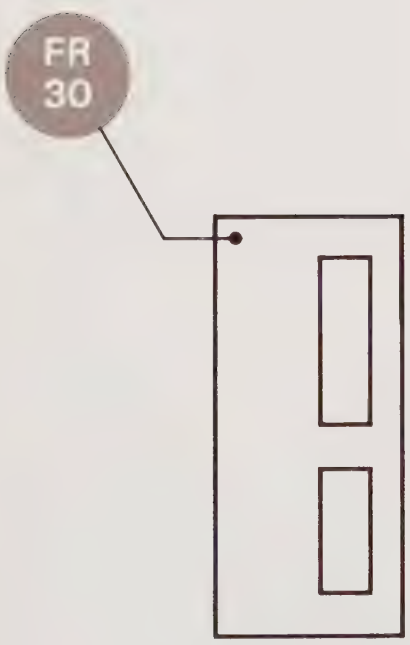
BS 5499
Mandatory sign

Fire safety sign used on a horizontal evacuation route with the meaning 'carry on'

Fire safety sign used on a horizontal evacuation route with the meaning 'compartment or sub-compartment'

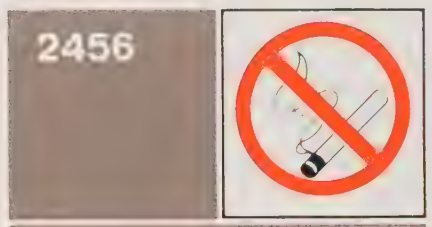
Fire door leading to stair

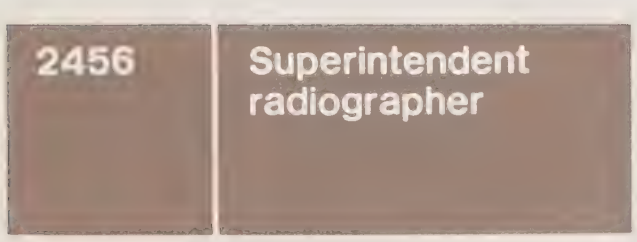
Warning that there is no fire exit

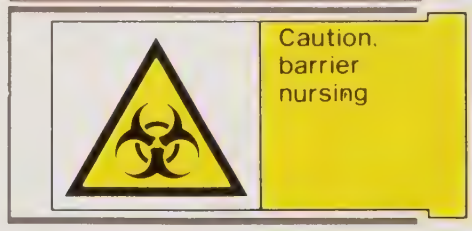


Fire resistance disc

Combination of signs
Groups of signs may be combined in an orderly manner to form a set. A set may include a room number, identity signs, fire or fire safety signs or notices. Since the sizes of all these signs are coordinated, one or more signs may be added after commissioning without loss of consistency. The use of the occasional blank mid brown plaque will help to maintain regular shapes.

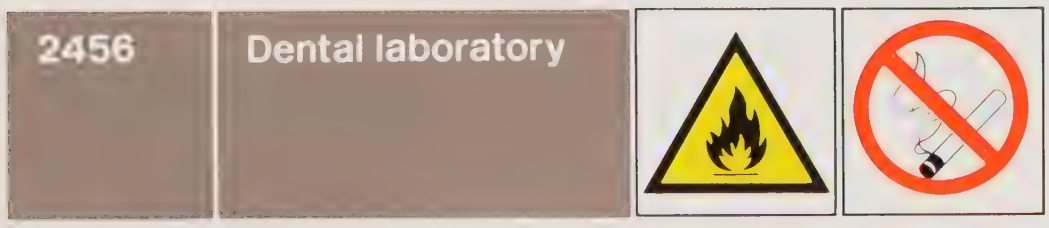






Personal property

The Health Authority cannot accept liability for money or valuables brought on to its premises unless they are handed in for safe keeping and a receipt obtained



St Bartholomew's Hospital

Radiotherapy

25 Bartholomew Close

Datchworth ward

Outside visiting hours please ring the bell and wait until a nurse is free to come to you

Visiting times

Sunday. Monday. Wednesday. Friday and Saturday	3-4 pm and 7-8 pm
Tuesday and Thursday	6-8 pm only

Visiting is at the discretion of the sister or charge nurse. dependent on the condition of the patient

2 visitors only

Visiting is limited to 2 visitors to a patient at any one time

Children

Children under 12 years may visit close relatives for the last 15 minutes of visiting time only

Personal property

The Health Authority cannot accept liability for money or valuables brought on to its premises unless they are handed in for safe keeping and a receipt obtained

Major accident signs

Special signs are needed by those hospitals in each Region that are designated as having suitable facilities for major accidents. To meet these needs hospitals require a kit of signs on folding stands or other means of placing them in position quickly and simply. The signs should stand out from the hospital's permanent signposting, without any loss of their identity as Health Signs.

Major accident signs need to be readily recognisable as having a temporary but over-riding purpose. This is achieved partly by the fact that they are coloured red and partly by their temporary positioning. Their design, which is consistent with other Health Signs, implies a well organised and well rehearsed procedure.

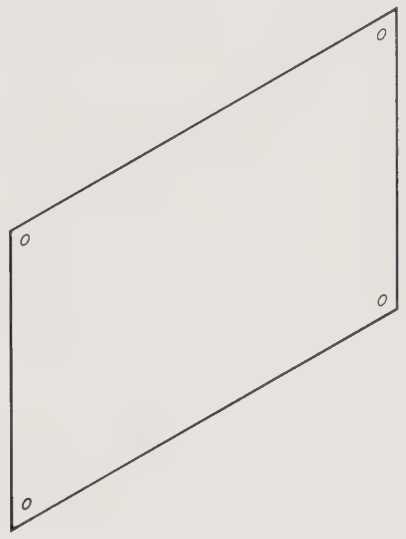
A series of signs, starting at the entrance to the hospital grounds, is needed in order to direct ambulances, staff, voluntary workers, press, police, relatives and friends to specific destinations or to a central enquiry point. If ambulances are going to the normal entrances there may be no need for special direction signs, but there will be a need for signs for patients arriving by other means of transport. A less obvious, but important need, is for signs to warn other hospital users, not involved in the major accident, of any changes that affect them and where to go to seek further advice.

At the central enquiry point there should be a *Major accident* sign with marker board on which the nature and the location of the incident may be written. From the enquiry point further direction signs will be needed to guide people to different destinations such as the *Control centre*, *Police*, *Press* and waiting area for *Relatives and friends*

Types of sign

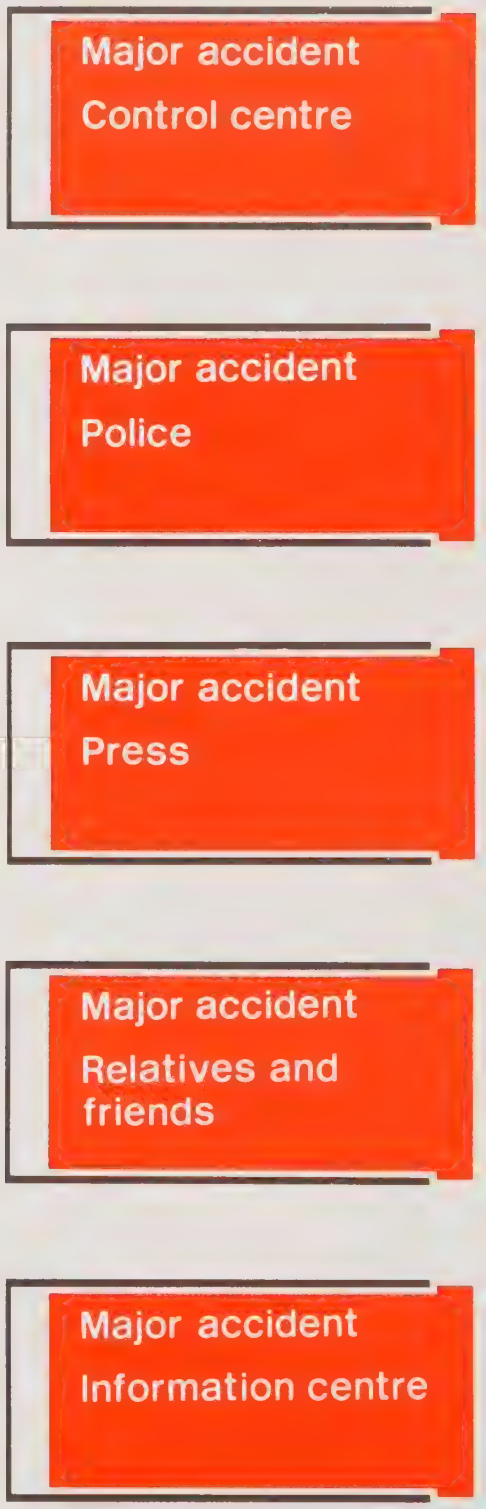
Major accident signs can be assembled from standard planks starting at the top of each bank with a *Major accident* sign in white on red and followed by the normal mid brown planks. Alternative folding signs with all messages in white on red are available, as are signs in the same colours and layout but on rolled PVC. Temporary identity signs, also with white letters on a red background, for rooms that will be used for special purposes can be housed in permanent holders.

Temporary folding stand



Temporary wall fixing

Single sheets, rigid or rolled



Identity signs C1

PART TWO

Design data

35 Health Alphabet
40 Arrows
41 Dual language signs
42 Colour
44 Layout of signs
46 Preferred words and wording
50 Product range
57 Materials and components

Health Alphabet

The Health Alphabet was developed by Jock Kinneir, for DHSS, in the late sixties. It exploits the particular needs of a signposting alphabet in terms of clarity of vision, economical use of space and methodical dimensional control.

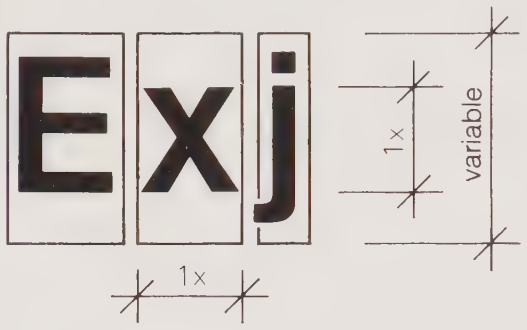
Comparison with Helvetica

Health Alphabet was developed from Helvetica and superficially the two alphabets are similar, although there are noticeable differences in the pure form of such characters as:

Health alphabet **JQ2&**

Helvetica medium **JQ2&**

In comparison with Helvetica Medium, Health Alphabet has a narrower stroke width more akin to Helvetica Light; narrower characters and shorter ascenders, descenders and capitals. The result is a very compact system.



The 'x' height

The dimensional system is based on a unit of measure 'x', that is the height of the lowercase letter x. In Health Signs the 'x' height is used to determine the vertical sizing and spacing of characters. Conveniently it may also be taken to represent the average width of character in the alphabet. The 'x' height of characters used in Health Signs ranges from 5mm for small notices to 200mm for the largest fascia signs.

Tile space

The horizontal spacing is determined by a theoretical tile width. This width varies according to the character it contains plus an allocation of space around the character. Normally this allocation is an addition but in certain instances, such as a lowercase letter 'j', the tile width is actually less than the width of character. Conveniently the tile space for the letter 'x' is also the average width of a character in the alphabet. The tile height is variable, see the following section on vertical spacing.

Note

The text and captions in this Manual are set in Helvetica light and bold, illustrations of signs are in Health Alphabet.

---

abcdefghijklmnop

qrstuvwxyz

ABCDEFGHIJKLMN

OPQRSTUVWXYZ

1234567890

-.,'()/£&?

Letter sizes (in millimetres) and uses

5 Used for safety signs, supplementary signs and notices

7.5 Used for identity signs

10 Restricted to safety and supplementary signs

15 Directory signs and medium identity door signs

30 Identity signs

40 Internal location and direction signs

60 Internal and external location and direction signs

90 External location and direction signs

120 Location signs

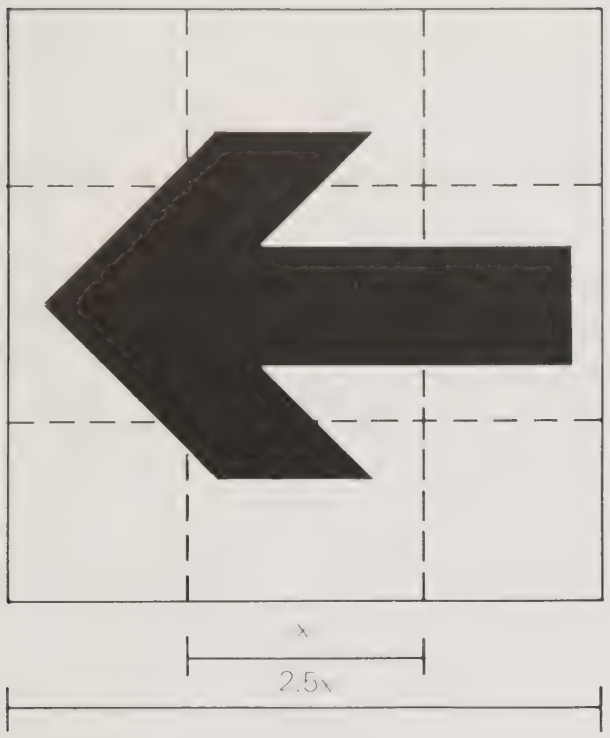
200 Fascia signs

Exj
60
Ex
90

120

200

Arrows



The shape of arrow used in Health Signs is similar to that standardised internationally for safety signs.

Direction and location signs

Arrows are used, on direction signs, to indicate the route to a destination. On arrival a location sign is used which, to give emphasis, has no arrow. Arrows on direction signs are ranged from the left or from the right, according to the direction in which they point. On single line signs, when the direction indicated is to the left, both arrow and legend range from the left. Similarly when the direction indicated is to the right, both arrow and legend range from the right. On two line signs with an arrow ranging left, it precedes the legend on the first line. If the arrow ranges right, it follows the legend on the second line. When the direction indicated is neither to left nor right, arrows and messages are normally ranged left. One example of an exception, however, would be for a single location sign at the top of a bank of direction signs, when the directions indicated are to the right.

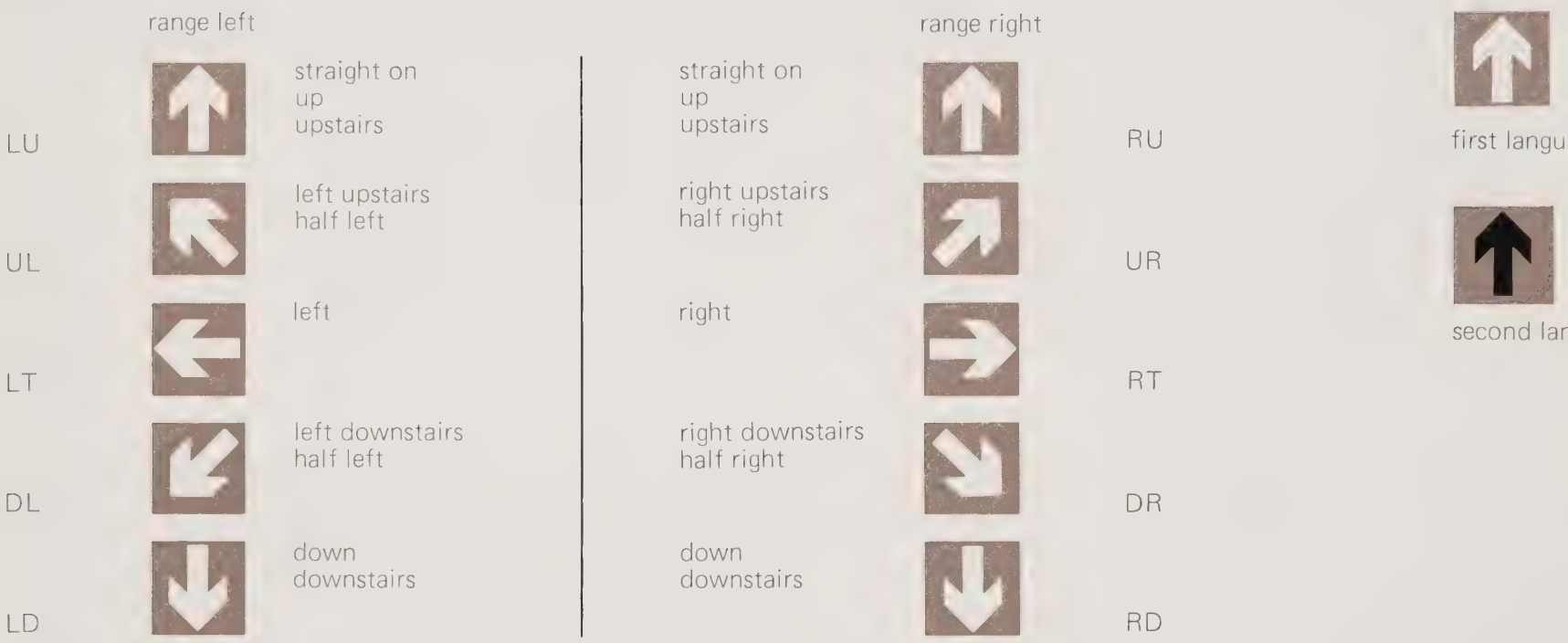
In a sequence of banks of signs location signs are placed at the top, then straight on or up signs, followed by signs to right or left and lastly by downward signs. Signs pointing in the same direction are grouped together, as are signs ranged on the same side.

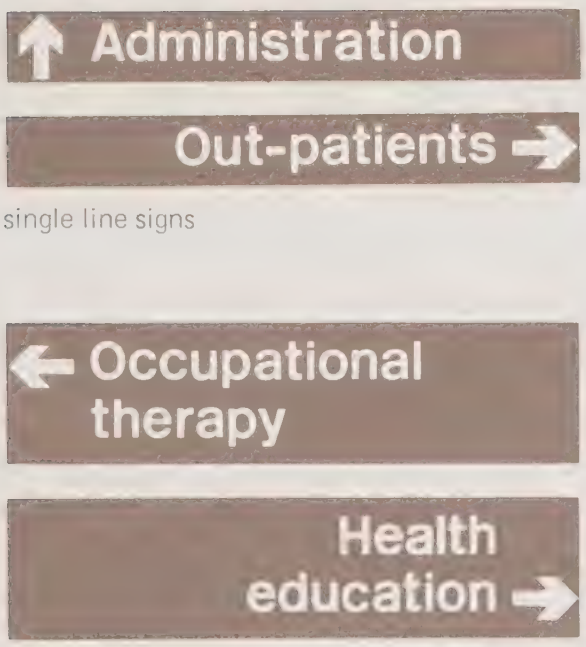
Directory signs

On these signs data is listed under key headings, which have a significant sequence, for example listing may be alphabetical or by floor level, if so this sequence will take preference over the direction of arrows. Arrows or floor numbers are ranged from the right, while legends are ranged from the left.

Dual language signs

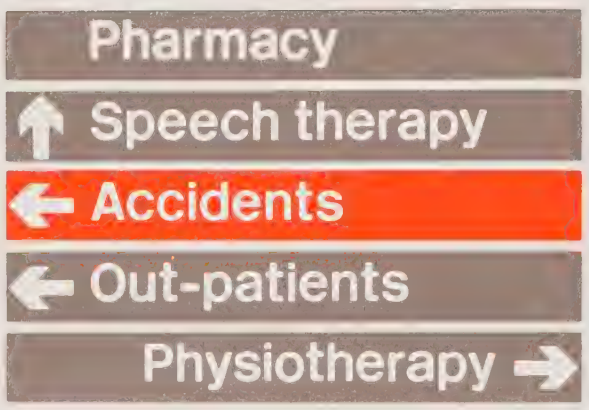
Where signs are in two languages the colour of the arrow is the same as that of the lettering.



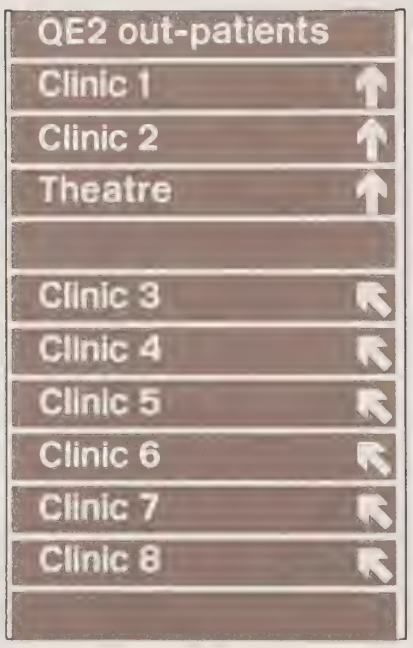


single line signs

two line signs



sequence of signs:
1 location signs
2 direction signs - straight on
3 direction signs - left or right



a bank of directory signs

Dual language signs

In some parts of the country there is a demand for signposting in more than one language. While the need can be met by the duplication of signs, the act of duplicating one series of signs with another detracts from the conspicuity of the former. The possibility of resolving this difficulty by the use of pictorial symbols has been considered, and a limited number of readily recognisable pictograms has been introduced. However there is no way that a comprehensive range of recognisable pictograms, for all the multitudinous functions of a hospital, could be introduced at this time. What can be done is to introduce a graphic distinction between signs in one language and signs in another. In Health Signs this is achieved by using the alternatives of white lettering for the first language and black lettering for the second language. (Unless otherwise specified, the first language is taken to be English). The Munsell value for mid brown signs is mid-way between light and dark and has been determined in order to provide a suitable background for both black and white characters. There are exceptions to this use of two colours for characters; for safety and fire safety signs the colour of lettering is determined by regulations and standards. For Accidents and Ambulances white characters are used on red.

Placing of signs

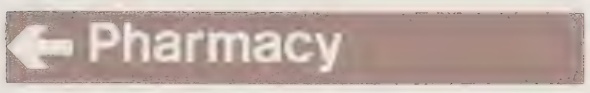
Alternating signs for each language in a bank of signs is both cumbersome and confusing. Signs for each language should be banked separately, and a consistent relationship should be recognisable between banks of signs. For example, externally a bank of the first language signs should always precede a bank of the second language signs. While internally two banks may be side by side, if so the first language should be placed consistently on one side of the other language. In this way it is possible to recognise the language signs that you are seeking and to almost ignore the other series. On signs that convey only one message no confusion can arise and there is therefore no need to separate the languages.

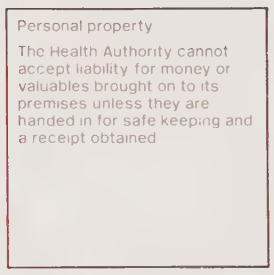
Notices

In the series of small notices, which are printed in brown letters on a white background, no colour distinction is made between languages since the same problems of rapid recognition do not occur. Nevertheless where several notices appear they should be grouped by language.

Schedules

When a second language is used preferred words may be scheduled in English with a prefix, eg W for Welsh, entered in the language column. A translation is not essential.




Personal property
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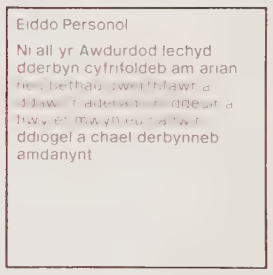
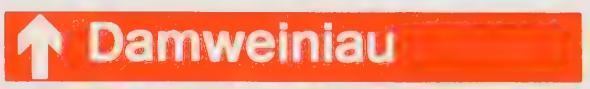
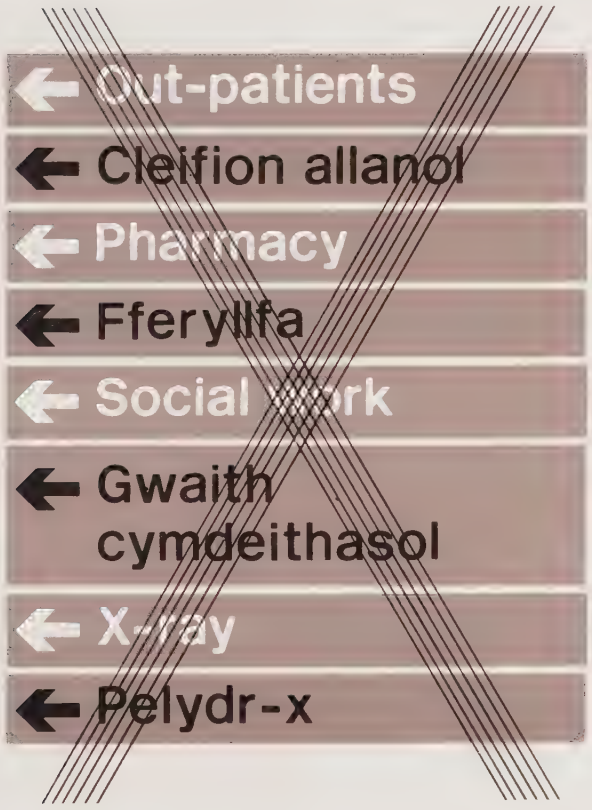
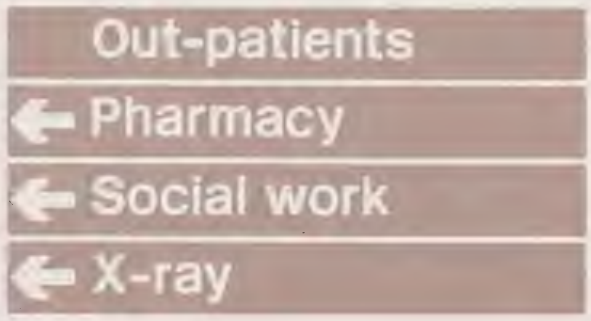






Dual language signs should not be alternated when there is more than one sign in each language



Colour

Since the inception of health signposting a system of colour coding for safety signs has become mandatory in EEC countries. To some extent this use of colour for safety signs conflicted with the use of colour in health signposting. In order to avoid confusion and to promote safety, the use of colour has therefore been reconsidered. Health Signs now incorporate the four safety colours, (reserving their use for safety and fire safety purposes), and introduce a monochromatic set of three browns, of which the mid brown is used as the base colour for Health Signs.

A number of colour variants are listed in BS 5378: Part 2: 1980 for safety colours and one of each hue has been selected for use in Health Signs. All are included in BS 5252: 1976.

Colours used on Health Signs

	Munsell	BS 5252	BS 4800	BS 4901
Light brown	8.75YR 8/2	08 B 17	*	*
Mid brown	8.75YR 4/2	08 B 25	*	*
Dark brown	8.75YR 2/2	08 B 29	*	—
Red	7.5R 4.5/16	04 E 53	*	*
Yellow	5Y 8.5/14	10 E 55	—	*
Blue	10B 4/10	18 E 53	*	*
Green	5G 5/10	14 E 53	*	*

* Included in the BS
— Not included in the BS
NB The colours printed in this Manual only approximate to the colours to be used for Health Signs. Actual colours should conform to BS 5252 as specified above.

Background colour

White

Mid brown

Dark brown

Red

Yellow

Blue

Green

Application
The use of the colours in Health Signs is as follows:

Red is a safety colour, when used for a circular band with a 45 degree bar on a white background, it means prohibition or stop. Supplementary signs have white characters on a red background. In fire safety signs red is used for fire equipment. In Health Signs red is also used for Accidents, Major accidents, and Ambulances.

Yellow is a safety colour, meaning caution risk of danger, when used with a black triangular band. Supplementary signs have black characters on a yellow background. Yellow characters on mid brown may be used with restraint to give emphasis to certain Health Signs, e.g. headings on directory signs, or names of hospitals.

Blue is a safety colour, which when used for a circle with a white symbol or white characters, means mandatory action. Supplementary signs have white characters on a blue background.

Green is a safety colour, meaning safe condition, symbols are in white. Supplementary signs have white characters on a green background.

Mid brown is used for signs other than safety signs. It is used with white characters for the priority or sole language and with black characters for a second language. It is also used as a background for white pictograms. Mid brown characters are used on a white background for notices.

Dark brown is used for fixings and fittings associated with the Health Signs system.

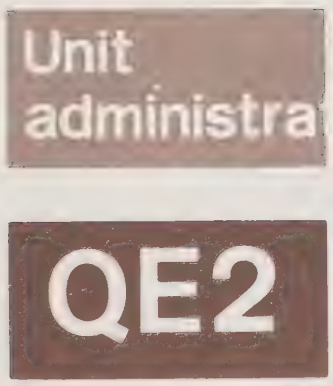
Light brown is reserved for future developments.

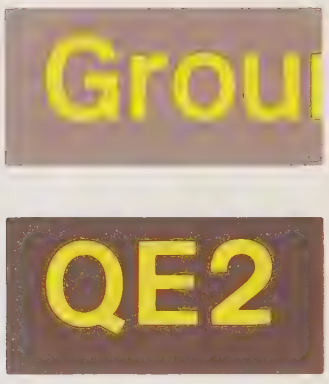
White letters or symbols

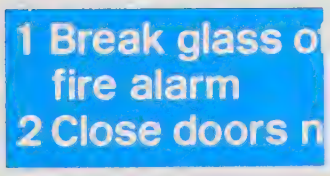
Black letters or symbols

Mid brown letters

Yellow letters







Layout of signs

Vertical spacing
The basic unit of measure 'x' is used as an increment in determining the size of space between lines of letters, between legends, and of top and bottom margins.

Margins
The size of margin varies between three groups of signs:

Single line planks have equal top and bottom margins of 0.75x.

Two line planks have equal top and bottom margins of 1x. In addition, small identity signs with 2 line legends and door signs with sliders have a top margin of 1x.

Other signs and notices have a top margin of 1.5x and a variable bottom margin.

Spacing of lines and legends
The spacing between lines of continuous lettering is a constant 1x. Spacing between paragraphs, or between titles and legends on notices is 2x.

Rules and arrows
Rules on directory signs have a top margin, and a minimum bottom margin, of 1.5x. Between legends rules are placed centrally in the 2x space. The 2x space between legends is also the minimum space that will allow one arrow above another. The thickness of rule is 10% of the 'x' height.

Spacing of planks and plaques
In banks of direction and location signs a space of 10mm is left between planks. In directory signs the space is 2mm. No space is left between identity signs, safety signs, public information signs or notices.

Horizontal spacing
Each sign has a zone for lettering with a margin at either end. The size of margin varies according to the type of sign.

Location and direction signs have equal margins that comprise a space for an arrow and a word space. Together these measure 3x at each end. When a special two line sign is used to supplement a location or identity sign, its margins align with the sign that it is supplementing.

Directory signs have a 1.5x margin on the left side only. On the right there is a space for an arrow, or floor number plus a word space, together these measure 3x. When signs have two columns there is a 2x space between them.

Identity signs, supplementary signs and notices have an equal margin of 1.5x at either end.

0.75
1
0.75

1 line legend
0.75x top and bottom margins

1
1
1
1
1

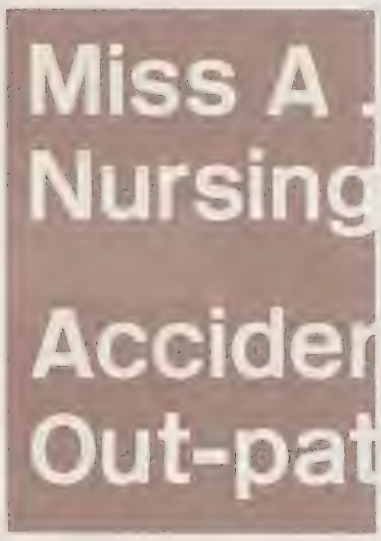
2 line legend
1x top and bottom margins
1x spacing between lines

1.5
1
1
1
1
1
1.5

1 and multiple line legends
1.5x top margin
1x spacing between lines

1.5
1
1
1
1
1
a

Directory signs
1.5 top margin
1x spacing between lines and rules



1
1
1
1
2
1
1
1
1

Two, 2 line legends
1x top and bottom margins
2x spacing between legends

1.5
1
2
1
1
1
a

1 and 2 line or multiple line legends
1.5x top margin
2x spacing between legends

1.5
1
2
1
2
1
a

Spacing of arrows
1.5 top margin
2x spacing between legends

a = variable

Lettering zones

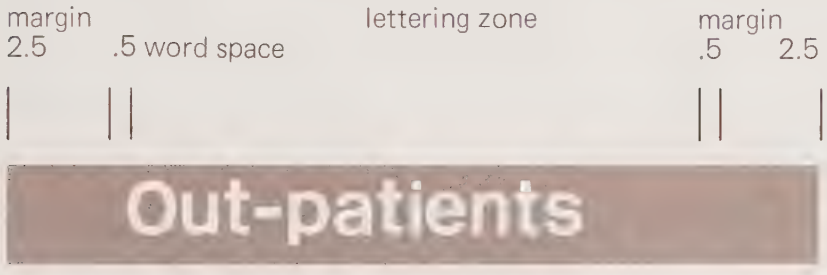
The width of plank or plaque, less margins, is the zone available for lettering. As a rule of thumb, the width of zone measured in units of 'x' gives the average number of letters that it can take, since 'x' is not only the width of a tile for the lowercase letter x but is also the average width of letter in the Health Alphabet.

A more precise method of determining whether a legend will fit a lettering zone is to total the tile widths of each character and word spacer. A tile width makes allowance for the spacing between characters. A table of tile widths is given on the right. It does not include allowances for those instances when a letter undercuts another letter, allowances which the selected suppliers will make. The width of lettering zone for each type of sign, expressed in units of 'x', is given in the product range which follows.

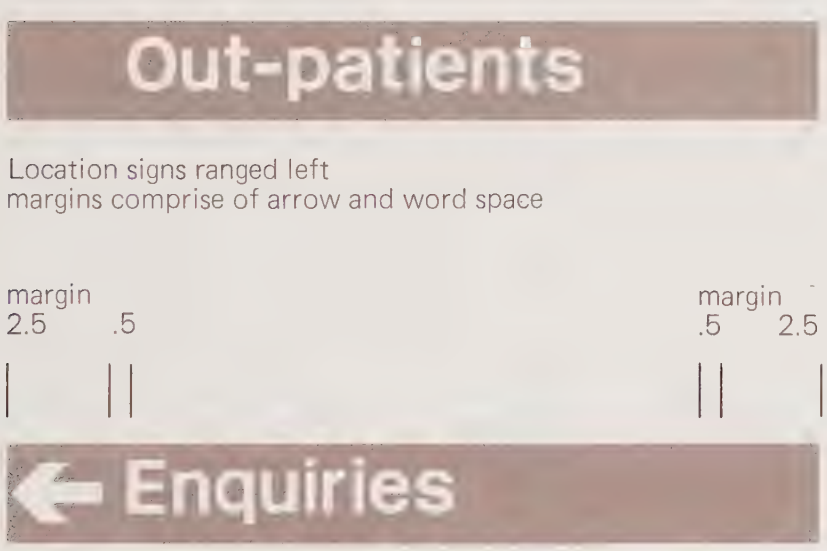
Tile widths in units of 'x'

a	1.075	A	1.225	u	1.075	U	1.300
b	1.125	B	1.225	v	1.050	V	1.175
c	1.025	C	1.225	w	1.475	W	1.775
d	1.125	D	1.275	x	1.000	X	1.200
e	1.075	E	1.100	y	1.000	Y	1.125
f	0.625	F	1.075	z	0.875	Z	1.050
g	1.075	G	1.300				
h	1.075	H	1.250	1	0.625	£	1.125
i	0.450	I	0.475	2	1.100	–	0.600
j	0.500	J	0.650	3	1.150	'	0.350
k	1.050	K	1.175	4	1.200	.	0.350
l	0.450	L	1.175	5	1.125	,	0.350
m	1.600	M	1.500	6	1.150	(	0.700
n	1.075	N	1.350	7	0.950	)	0.700
o	1.075	O	1.325	8	1.125	/	0.650
p	1.125	P	1.125	9	1.150	&	1.175
q	1.125	Q	1.350	0	1.225	?	1.050
r	0.700	R	1.175				
s	1.025	S	1.200	Arrow	2.500		
t	0.650	T	0.975	Word spacer	0.500		

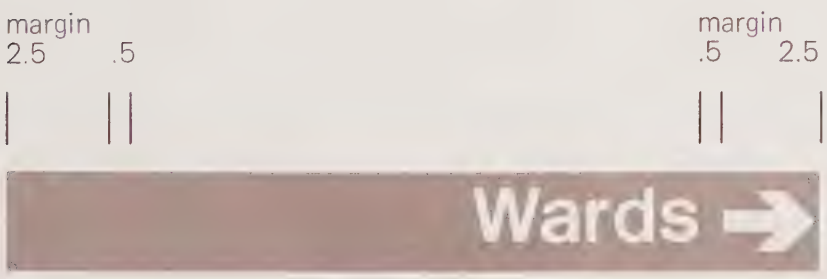
All sizes in the diagrams below are in units of 'x'.



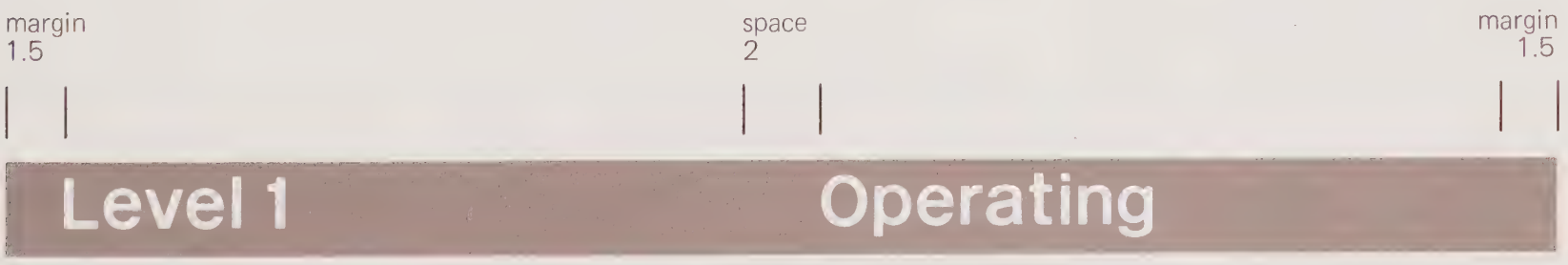
Location signs ranged left
margins comprise of arrow and word space



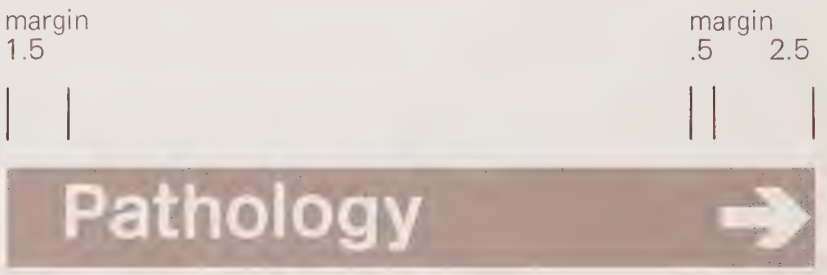
Direction signs ranged left
margins comprise of arrow and word space



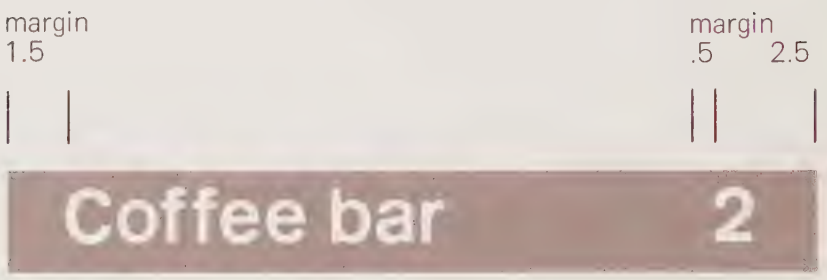
Direction signs ranged right
margins comprise of arrow and word space



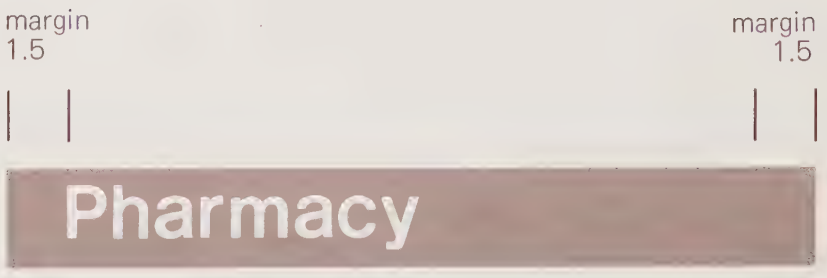
Directory signs, 2 column



Directory signs, 1 column
right margin comprises of arrow and word space



Directory signs, 1 column
right margin comprises of arrow and word space



Identity signs, notices and large location signs

Preferred words and wording

The concept of a list of preferred words for use on Health Signs has evolved in order to ensure that wording of legends should be as simple as possible, and consistent from one department to another and from one hospital to another. It is an aid to accurate ordering and an economy in manufacture. The list that follows these introductory notes is of agreed legends for use on identity, direction and location, directory, public information, safety and fire safety signs and notices.

The users

The people that are taken to be the users of the signposting are: patients and their companions, visitors to patients, ambulance drivers and persons bringing supplies or providing services. A list that would be incomplete without voluntary, new or temporary, medical, administrative or domestic staff.

Simple words

The efficacy of signs may be judged by the extent to which staff are relieved of the burden of answering questions and giving directions. If signs are technical or complicated in their wording, many users will be put off and will need to seek re-assurance from the staff. Technical words should be avoided in signposting and non-technical terms to which people are accustomed should be used whenever possible. For example, the legend Eye clinic is used rather than Ophthalmic clinic or X-ray rather than Radio diagnostic department. It is becoming increasingly difficult to avoid the use of expressions which are an anathema to the objectives of short sharp signposting, but every effort to do so should be made.

Few words

It is easy for essential signs to be passed unnoticed by people who are in a hurry or are anxious, particularly if the message is lost in lengthy wording. Words such as department, entrance, office or room are seldom essential to the meaning of a sign and indeed can detract from it. Unless their use affects the sense of the message these words should be omitted. In signposting a short sharp legend like Records is to be preferred to the full description Records Department. Similarly in a row of rooms having the same function it is not desirable to repeat the full title each time. For example, Examination 1, Examination 2, Examination 3 can simply be represented by a clear 1,2,3.

Consistent words

There is a need for consistency in the use of terms for signs and notices, and terms used in writing, for example, to patients. Only confusion can result if a letter of appointment refers to Accidents and signposting refers to Accidents and emergencies.

Second language

When a second language is used preferred words may be scheduled in English with a prefix, eg W for Welsh, entered in the language column. A translation is not essential.

Few signs

Not all small rooms need to have signs. One exception to this is when there is a row of similar doors that can be misleading. The other is in those hospitals or departments where there is a constant turnover of nursing or domestic services staff. In this instance unobtrusive but consistent signs can be a positive aid to training. The use of some rooms is apparent from a distance, for example, waiting areas. These may not need signs since patients are normally directed to them from a reception desk. If on the other hand the waiting area is a room with a closable door then a sign will be needed; it may be desirable for it to be seen even when the door is open.

Anonymous rooms

There are always some rooms to which casual visitors are not welcome. These range from the Mortuary to special waiting rooms for bereaved relatives, to staff rooms and staff toilets. These rooms can be left anonymous, alternatively a word such as Staff or Private may be used. Whichever technique is used it is an advantage if it is used consistently throughout the hospital.

Names for rooms

There are options whether to identify a room by its function, by the title of its occupant, by the name of the occupant, by a combination of these possibilities or even by a combination which allows a title or function to be followed by a removable slider giving a person's name. The latter, for example, may well be used in a suite of consulting rooms. Again consistency is important and each unit needs to determine which method to adopt and where.

Public information symbols

In some instances pictograms may be used instead of words. They have the advantage that quite a small sign can be readily visible from a distance. Most of these public information symbols have international agreement, are easy to understand, and a help when there are language problems.

Safety and fire safety signs

The red, yellow, blue and green safety and fire safety signs on the other hand, although readily visible, are not always easy to interpret. In Health Signposting these latter signs are normally to be used, at least for some years, with a written explanation on a supplementary sign. Preferred word references are given to these signs, each has the letter 'Y' as a prefix.

Notices

At the end of the preferred word list is a list of notices with the prefix 'Z', as yet this is quite a small list and it is anticipated that it will grow. Registered suppliers will be kept abreast of the current position.

Special words

It is not the purpose of the preferred word list to standardise all wording used on signs. Some words, which are not used very often or are particular to an area or even a hospital, will need to be ordered specially. If so, the wording should follow the principles used in the preferred word list.

Wording of legends

The following principles are applied to Health Signs:

Capital letters. Words using all capital letters are not used. Phrases start with a capital letter and continue in lower case:
Accidents and emergencies
Head occupational therapist

Abbreviations are avoided if possible, but when unavoidable are expressed in capital letters without full stops:
ENT ECG ECT

Titles and initials. Titles start with a capital and continue in lower case. Initials are in capitals without full stops, christian names and surnames start with a capital letter and continue in lower case:
Dr F Sharp Ms K A Hitchcock

Punctuation is not used on signs and only used when unavoidable on notices and supplementary signs. Full stops are not used at the end of legends:
Caution,
no fire exit

Variation of type size. Only one type size is used on any one plank or plaque.

Ranging. All notices and supplementary signs are ranged from the left.

Preferred word list
Signs are on a mid brown background except where otherwise noted.

At the time that this list was compiled reorganisation of the NHS was still in progress. The list may therefore exclude some job descriptions that were agreed subsequently.

Preferred word	*Code*
A	A00
Accidents (red)	A05
Accidents and emergencies (red)	A01
Administration	A16
Administrator	A13
Admissions	A17
Admissions officer	A20
Afternoon*	A15
Ambulances (red)	A12
Ambulance drivers	A09
Ambulances only (red)	A18
Ambulance station (red)	A21
Anaesthetic **	A07
Animal house	A03
Ante-natal	A22
Ante-natal clinic	A08
Appliances	A04
Appointments	A10
Area control officer	A02
Assessment unit	A23
Assistant administrator	A11
Audiology	A06
B	B00
Bacteriology	B07
Bank	B02
Basement	B09
Bath	B04
Biochemistry	B03
Blankets	B01
Blood bank	B12
Blood transfusion	B08
Blood transfusion centre	B10
Boiler house	B06
Building department	B13
Building officer	B11
Bulk store	B06
C	C00
Cafeteria	C24
Car park	C09
Cardiology	C27
Catering	C15
Catering staff	C46
Catering manager	C13
Central linen	C19
Changing**	C05
Chapel	C01
Chaplain	C23
Charge nurse	C29
Chest clinic	C11
Chief MLSO	C28
Chief nursing officer	C47
Chief pharmacist	C30
Chief technician	C10
Child assessment centre	C14
Child health clinic	C02
Childrens clinic	C22
Childrens unit	C04
Childrens ward	C26
Chiropody	C43
Church	C40
Classroom**	C16
Cleaners	C20
Cleaners store	C08
Clean utility	C42
Clinic**	C21
Clinical assistant	C17
Clinical teacher	C12
Cold room	C32
Committee room	C39
Community**	C34
Community nurse	C25
Community psychiatric nurse	C36
Consultant**	C18
Consultant physician	C31
Consultant surgeon	C07
Consulting room**	C41
Coronary care	C45
Crafts	C38
Creche	C34
CSSD	C37
CSSD manager	47
Cytology	C33
D	D00
Darkroom	D21
Day hospital	D14
Delivery suite	D27
Demonstration	D03
Dental clinic	D10
Dental laboratory	D25
Dental surgery	D02
Dermatologist	D29
Dietitian	D05
Diet store	D16
Dining room	D01
Director of nurse education	D19
Director of nursing services	D37
Directory	D13
Dirty utility	D20
Dispensary	D07
District administrator	D28
District community physician	D17
District dental officer	D36
District medical officer	D23
District midwife	D09
District nursing officer	D15
District occupational therapist	D22
District personnel officer	D34
District pharmaceutical officer	D32
District physiotherapist	D30
District speech therapist	D35
District treasurer	D31
District works officer	D33
Doctor	D08
Domestic services	D11
Domestic services manager	D04
Domestic supervisor	D12
Drivers	D24
Dry goods	D18
Duplicating	D06
E	E00
ECG	E07
ECT	E14
Education centre	E11
EEG	E13
Electrical sub station** (use with Y06)	E16
Electrical switchroom** (use with Y06)	E12
Emergencies (red)	E04
EMG	E09
Engineer	E03
Engineering	E15
Enquiries	E05
ENT	E01
Entrance	E08
Entrance closed	E17
Equipment	E06
Equipment store	E10
Eye clinic	E02
F	F00
Family child guidance	F13
Family planning	F10
Feed preparation	F12
Female changing	F09
Female staff changing	F06
Field work teacher	F16
Fifth floor	F01
Finance	F04
Finance officer	F18
Fire exit (green, types F and H only)	F15
First floor*	F07
Flammable store (use with Y20)	F02
Flats**	F05
Fourth floor	F17
Fracture clinic	F11
Friday*	F14
Friday am*	F03
Friday pm*	F08
Fuel delivery	F19
G	G00
Gardens superintendent	G10
Gas storage	G09
Gastro-enterology	G04
General administrator	G10
General office	G07
Geriatric day hospital	G06
Geriatric unit	G08
Ground floor*	G01
Group therapy	G03
Gymnasium	G05
Gynaecology	G02
H	H00
Haematologist	H08
Haematology	H13
Hairdresser	H10
Head gardener	H19
Head occupational therapist	H12
Head porter	H09
Health centre	H03
Health education	H16
Health visitor	H01
Hearing aids	H06
Hearing clinic	H11
Histology	H04
Home warden	H17
Hospital	H18
Hospital directory*	H15
HSDU	H14
Hydrotherapy	H06
I	I00
Information*	I08
Information centre	I03
Intensive care unit	I01
Intensive therapy unit	I06
Interviews	I02
Isolation	I05
Isolation unit	I07
Isotopes (use with Y10)	I04
J	J00
K	K00
Kitchen	K02
Kitchen superintendent	K01

L	L00
Laboratory**	L07
Laboratories**	L02
Laundry	L05
Lecture theatre	L01
Level***	L09
Librarian	L08
Library	L03
Lift**	L04
Linen services manager	L12
Linen store	L11
Liquid oxygen	L10
Lower ground floor*	L06
M	M00
Main entrance	M04
Main hospital	M21
Major accident (red)	M14
Major accident Control centre (red)	M25
Major accident Information centre (red)	M32
Major accident Police (red)	M08
Major accident Press (red)	M28
Major accident Relatives and friends (red)	M31
Male changing	M27
Male staff changing	M09
Manager	M15
Maternity	M22
Maternity clinic	M28
Maternity unit	M01
Maternity ward	M16
Meat store	M10
Mechanic	M06
Medical clinic	M23
Medical photography	M17
Medical records	M02
Medical records officer	M24
Medical social work	M07
Medical staff	M30
Medical ward	M33
Microbiology	M11
Monday*	M12
Monday am*	M03
Monday pm*	M19
Morbid anatomy	M26
Morning*	M13
Mortician	M20
Mortuary	M05
N	N00
No smoking (red, see also Y17)	N04
Nurses	N01
Nursing administration	N03
Nursing officer	N02
O	O00
Occupational health	O10
Occupational therapist	O03
Occupational therapy	O05
Oncology	O08
Operating department	O12
Operating theatre**	O13
Ophthalmology	O09
Optician	O02
Orthopaedic clinic	O07
Orthoptist	O06
OT store	O01
Out-patients	O04
Oxygen	O11
P	P00
Pantry	P21
Pathologist	P27
Pathology	P17
Patients	P34
Patient services	P36
Patients laundry	P26
Personnel	P03
Pharmacist	P14
Pharmacy	P25
Photocopying	P04
Physiotherapist	P16
Physiotherapy	P24
Plant room	P18
Plaster room	P15
Playroom	P10
Porter	P08
Post box	P30
Post graduate centre	P12
Post natal clinic	P09
Post room	P29
Practice**	P23
Prams	P11
Preparation	P02
Prescriptions	P22
Private	P32
Provisions	P05
Psychiatric clinic	P01
Psychiatric day hospital	P31
Psychiatric social work	P19
Psychiatric unit	P06
Psychologist	P13
Public health laboratory	P20
Pull	P07
Push	P28
Push bar to open (green), special D type)	P35
Q	Q00
Quality control	Q01
R	R00
Radiographer	R16
Radiologist	R12
Radiotherapist	R15
Radiotherapy	R07
Radiotherapy clinic	R04
Reception	R11
Records	R17
Recovery	R05
Regional secure unit	R06
Registrar	R10
Rehabilitation	R08
Relatives	R01
Remedial therapist	R14
Residences	R09
Rest room	R13
Resuscitation	R03
Rooms*	R02
S	S00
Safety officer	S05
Saturday*	S32
Saturday am*	S09
Saturday pm*	S42
School clinic	S21
School of nursing	S14
Second floor*	S10
Secretary	S26
Security officer	S07
Seminar	S02
Senior midwife	S47
Senior nurse	S53
Senior nursing officer	S06
Senior technician	S04
Serology	S24
Sewing room	S34
Shop	S20
Shower	S08
Sister	S19
Sitting room	S13
Skin clinic	S12
Slide to open (green, special D type)	S01
Social work	S50
Sorting room	S23
Special care baby unit	S16
Special clinic	S03
Specimens	S29
Speech therapist	S46
Speech therapy	S22
Staff	S28
Staff car park	S31
Staff changing	S41
Staff dining	S40
Staff entrance	S18
Staff toilet	S43
Staff only	S33
Stairs (see also Y08)	S44
Station officer	S27
Sterile supplies	S38
Store**	S35
Storekeeper	S30
Stores	S48
Sub-station (use with Y06)	S51
Superintendent physiotherapist	S37
Superintendent radiographer	S11
Supervisor	S36
Supplies	S15
Supplies officer	S17
Supply**	S49
Surgical ward	S39
Switchboard** (Use with Y06)	S45
Switchroom** (use with Y06)	S52
T	T00
Telephone (see also Y01)	T04
Theatre**	T11
Third floor*	T07
Toilets (see also Y04 and Y19)	T02
Transport manager	T14
Transport officer	T12
Treatment	T06
TSSU	T13
Thursday*	T01
Thursday am*	T05
Thursday pm*	T03
Tuesday*	T08
Tuesday am*	T10
Tuesday pm*	T09
Tutor	T15
U	U00
Uniform exchange	U03
Unit administrator	U02
Unit works officer	U04
Utility	U01
V	V00
Vegetables	V03
Virology	V02
Visitors car park	V05
Voluntary services	V01
Voluntary services organiser	V04
W	W00
Waiting**	W08
Ward**	W02
Way out	W04
WC (see also Y04 and Y19)	W11
Wednesday*	W07
Wednesday am*	W01

Wednesday pm*	W10
Welfare food	W06
Works	W05
Work study	W12
Workshop	W03
X	X00
X-ray	X02
X-ray department	X01
Y	Y00
Z	Z00

Notes

* When used on directory signs these preferred words have yellow lettering.

** These preferred words may be used with a suffix, for example:
's' (plural)
A,B,C,D,E, etc.
1,2,3,4,5, etc.
A-C, D-D, etc.
1-3, 2-6, etc.

Public information symbols, safety signs, fire safety signs and supplementary signs.

Public information symbols (brown)

Access for the disabled (P1 P2)	Y09
Buses (P2)	Y31
Coffee/tea bar/snacks (P1 P2)	Y13
Men/men's toilet (P1 P2)	Y04
Smoking allowed (P1 P2)	Y34
Stairs (P1 P2)	Y08
Taxis (P2)	Y48
Telephone (P1 P2)	Y01
Waiting (P1 P2)	Y28
Women/women's toilet (P1 P2)	Y19

Prohibition signs (red)

No smoking (P1 P2 S1 S2)	Y17
No smoking beyond this point (S1 S2 use with Y17)	Y45
No unauthoristed entry (S1 S2 use with Y23)	Y07
Prohibition – general (P1 P2)	Y23
This lift is not to be used by unauthorised persons (S1 S2 use with Y23)	Y42
Visitors are asked not to smoke in the hospital (S1 S2 use with Y17)	Y36

Warning signs (yellow)

Caution, barrier nursing (S1 use with Y02)	Y22
Caution biological hazard (P1 S1)	Y02
Caution, CO_2 (S1 S2) use with Y21	Y62
Caution, explosive material (S1 S2 use with Y12)	Y58
Caution, highly flammable material (S1 S2 use with Y20)	Y57
Caution, in case of fire avoid using this lift (S1 S2 use with Y15)	Y55
Caution, no fire exit (S1 use with Y15)	Y50
Caution, risk of danger–general (P1 P2 T2)	Y15
Caution, risk of electric shock (P1 P2 S1 S2)	Y06
Caution, risk of explosion (P1 P2 S1 S2)	Y12
Caution, risk of fire (P1 P2 S1 S2)	Y20
Caution, risk of ionizing radiation (P1 P2 S1 S2)	Y10
Caution, toxic hazard (P1 P2 S1 S2)	Y21
Danger, high voltage II KV (S1 S2) use with Y06	Y61

Mandatory signs (blue)

Automatic fire door keep clear (P1)	Y16
Cap to be worn (P1 S1)	Y25
Close at night (S1)	Y59
Dial 400 in an emergency – or state number . . . (S3)	Y53
Dial 500 in an engineering or building emergency – or state number . . . (S3)	Y56
Face mask to be worn (P1 S1)	Y26
Fire action – general (P1)	Y11
Fire action – notice (S3)	Y40
Fire door keep locked (P1)	Y14
Fire door keep shut (P1)	Y05
Fire escape keep clear (P2)	Y18
Gloves to be worn (P1 S1)	Y44
Gown to be worn (P1 S1)	Y38
Mandatory action – general (P1 P2)	Y03
Overshoes to be worn (P1 S1)	Y47
Please ring and wait (S1 S2)	Y35
Use telephone (P1)	Y29
Visitors please ring . . . (S3)	Y52
Wash hands (P1)	Y49

Safe condition signs (green)

Defibrillator (P1 P2)	Y50
Drinking water (S1 S2 use with Y24)	Y60
Fire brigade lift (S1 use with Y24)	Y32
Horizontal evacuation: compartment (P1)	Y39
Horizontal evacuation route (P1)	Y33
In case of fire break glass (S1 use with Y24)	Y46
Resuscitation equipment P1 P2)	Y27
Safe condition – general (P1 P2)	Y24

Fire equipment signs (red with 15mm letters in white)

Dry riser (P2)	Y43
Fire point (P2)	Y51
Foam inlet (P2)	Y41
Wet riser (P2)	Y37

Notices (white with brown letters)

Children . . .(C3)	Z05
Female patients . . .(C3)	Z08
Heat treatment . . .(B3)	Z10
Medical certificate . . .(B3)	Z03
Pacemakers . . .(C3)	Z11
Personal property . . .(B3)	Z04
Smoking . . .(C3)	Z09
Sweets . . .(C3)	Z07
2 visitors only . . .(C3)	Z01
Visiting times . . .(format only, give times, B3)	Z06

The full text of notices is given in the section devoted to Notices.

Road traffic signs

The sizes shown in brackets are in millimetres and are those recommended.

Headroom at hazard ahead (600)	530
Hospital ahead (525 × 500)	827
Keep to the left (600) permitted variant: keep right)	610
No entry for vehicular traffic	616
No left turn (600)	613
No right turn (600)	612
One way traffic (450 × 300)	652
Parking place (500 × 500)	801
Speed restriction (600)	630
Traffic direction (600)	606
Turn left (600) (permitted variant: turn right)	609
Vehicles exceeding width prohibited	629

Product range

Health Signs products now range from small notices to large internally illuminated fascia signs. Each type of sign is illustrated in the following pages, each type is given a reference code and size. Height, which is the main coordinating dimension, is given first followed by the length. Also given is the 'x' height of letters and the average number of letters that will fit the sign. A more detailed method of calculating whether a message will fit a sign type is given in the pages on the layout of signs.

Although the size, colour, alphabet, layout and outward appearance of Health Signs products is essentially as illustrated in this manual, their construction will vary from manufacturer to manufacturer. It is advisable, therefore, to consult the suppliers own trade literature.

Internal signs: Identity signs
This set of signs is for use on or near doors, to identify the number, function or occupant of a room. Signs are used either singly, combined with other identity signs, or with safety signs or public information symbols.
Type A signs, used for room numbers or suffixes, e.g. 1,2,3 or A,B,C, also for pull and push signs.
Type B signs, used to identify clinics, side wards etc. and for larger notices.
Type C signs, a set of small identity signs, with or without removable sliders, to identify the function or occupant of a room, and whether the room is free or engaged. Also used for small notices.
Type D signs, used to name the function of rooms, particularly when used as a projecting sign.
Type E signs, a two line edition of the D type sign for longer messages.
Type U signs, a medium size of identity sign approximating to the size of plank used with directory signs, it may be used in association with a holder.
Type V signs, a two line edition of the U type sign for longer messages.

Public information, safety, fire safety and supplementary signs
This set of signs introduces pictorial symbols to Health Signs, they are described and illustrated in the relevant pages of the Manual.
Type P1 signs, small pictorial symbols mostly used on or near doors.
Type P2 signs, large signs that are twice the linear size of the P1 type signs.
Type S1 signs, small supplementary signs used with the small safety or fire safety signs to give additional information.
Type S2 signs, large supplementary signs used with the large pictorial symbols to give additional information.
Type S3 signs, safety notices that combine a pictorial symbol with a written message.

Notices
This set of signs is new and is growing either with standard wording or as an example of suitable layout.
Type C3 signs, the smaller oblong format for notices.
Type B3 signs, the larger square format for notices.
NB should larger sizes be required for notices they should be in multiples of the larger format.

Location and direction signs
This set of signs has two functions. First, as direction signs they are used with arrows to indicate the way to departments. Second, as location signs they are used without arrows to identify the entrances to departments. They may be used singly or in banks.
Type F signs, used for most internal location and direction signs.
Type G signs, a two line edition of the F type sign for longer messages.
Type H signs, used on those rare occasions when a larger type face is needed, because of the scale of building or distance from which it must be legible.

Directory signs
These signs are used when the number of directions needed are considerable and cannot be properly satisfied by direction signs. They may be used internally or externally at strategic points such as key entrances, reception areas or car parks. They may be used, for example, for comprehensive hospital directories, for floor directories in lifts and lift halls or for clinic boards.
Type Q1 signs, used for floor numbers on staircase landings and lift halls.
Type Q3 signs, used specifically in lifts or lift halls.
Type Q2 signs, a fixed directory 'module' on a single plaque.
Type Q4 signs, a directory 'module' comprised of planks intended to be rarely changed.
Type Q5 signs, a directory 'module' comprised of planks intended for constant change, as for clinics.
Type Q6 signs, a directory 'double module' for block plans.

Noticeboards
This is a set of five different sizes. Each board has a frame similar to that used on the Q4 and Q5 directories. Title panels on U or V signs are optional.

Events boards
These boards are intended for temporary announcements, such as the day's events. Four different sizes of boards have been selected, from a complementary system, as being appropriate for use in hospitals. Boards may either be fixed direct to a wall or mounted on a stand. Title panels may be screen printed on mid brown. The alphabet used is not Health Alphabet, but it is similar.

Major accident signs (folding)
A set of temporary signs, which can be folded and stored for occasional use, to be used internally or externally.
Type T1 signs, folding signs for Major accidents.
Type T2 signs, folding safety signs for hazards etc.

External signs: Location and direction signs
A set of signs mostly to be post mounted. They have two functions, first as direction signs they are used to indicate the way to a department or building. Second as location signs they are used without arrows to identify entrances to buildings.
Type I signs, used for short messages which do not need to be read from afar.
Type J signs, used for longer messages.
Type K signs, used for the majority of external conditions where signs need to be read from a distance by both pedestrians and drivers.

Location only signs
A set of signs on which no allowance is made for the inclusion of arrows.
Type L, M and N signs, used for the names of health care buildings or major departments.

Two line location signs
On occasions additional information is needed on location signs, for example, the title of a Health Authority or the full description of a special care unit. This cannot be accommodated in the same letter size as the main message without detracting from it, in these special cases a two line sign may be used, it will use the same size of plank, the same horizontal margins, but a smaller letter size. Such additional information is not necessary or desirable on direction signs.

Fascia signs
This set of signs is intended for key entrances to buildings, so that they may be seen from a distance, at night and without being obscured by cars and ambulances. No range of sizes is given since these signs will be purposely made. They may be built in to a wall or fascia, or applied to it, and are preferably to be illuminated.
Type O signs, used for the above purposes.

Road traffic signs
These signs, which are used to some extent within hospital grounds, are illustrated in the pages on Directions within hospital grounds.

Fixing products
Seven fixing methods are included in the product range:
Wall fixing, internal signs are designed to be fixed with adhesive, while most external signs have a mechanical fixing.
Sign holders, these are available for door signs and are intended for use when a room has a dual purpose, eg a bathroom which may sometimes be used by men and sometimes by women.
Projecting, used when a room needs to be identified from a little way off, eg a toilet or telephone.
Suspended signs, useful when there is no convenient wall surface.
Internally illuminated signs; used, for example, for major entrances or x-ray suites. External signs can have a light or time control.
Post fixing, suitable for traffic signs or external location and direction signs.
Cube fixing, particularly suitable for signs that are approached from four directions.

Product range: internal signs

Numbers and letters

Sizes: A1/A2 - 75 x 75
C2 - 75 x 150
B1 - 150 x 150

Letters: A1 - 7.5
A2 - 30
C2 - 30
B1 - 60

Scale 1:5

A1

A2

A2

B1

B1

Public information symbols

Sizes: P1 - 75 x 75
P2 - 150 x 150

P1

P2

Safety and supplementary signs

Sizes: P1/S1 - 75 x 75
P2/S2 - 150 x 150
S3 - 150 x 150

Letters: S1/P1/S3 - 5
S2/P2 - 10

Av. line: S1/P1/S2/P2
- 12 chars.
S3 - 27 chars.

P1

P1

S1

P2

S3

P1

P1

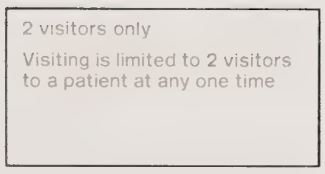
S1

Notices

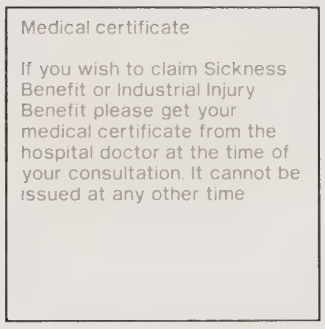
Sizes: C3 - 75 x 150
B3 - 150 x 150

Letters: 5

Av. line: 27 chars.



C3


Medical certificate
If you wish to claim Sickness Benefit or Industrial Injury Benefit please get your medical certificate from the hospital doctor at the time of your consultation. It cannot be issued at any other time
B3

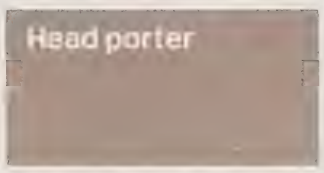
Small identity door signs

Size: 75 x 150

Letters: 7.5

Numbers: 15 & 30

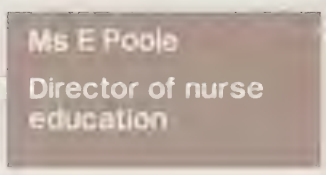
Av. line: 17 chars.



C1

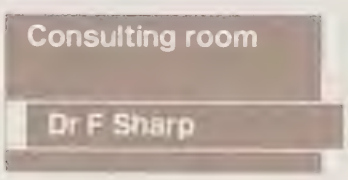
C1

C1



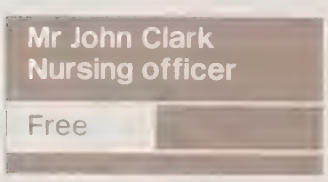
C1

C2



C4

C4



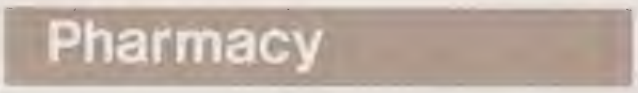
C5

Medium identity door signs

Sizes: U - 37.5 x 300
V - 75 x 300

Letters: 15

Av. line: 17 chars.



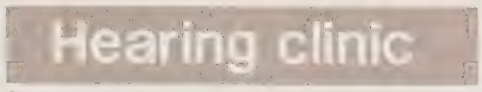
U

V

Product range: internal signs

Large identity signs
Sizes: D - 75 x 450
E - 150 x 450
Letters: 30
Av. line: 12 chars.

Scale 1:10



D

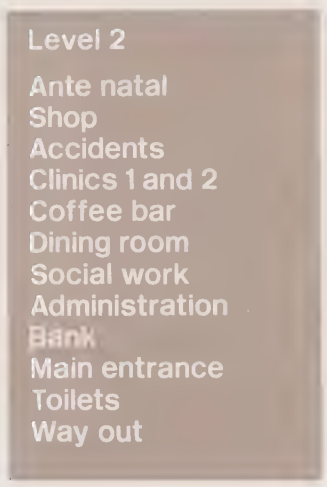
E

Special 2 line D sign
Letters: 15
Av. line: 24 chars.
Horizontal margins to align with 30 x ht. D sign
To be used as a supplement to a location sign only

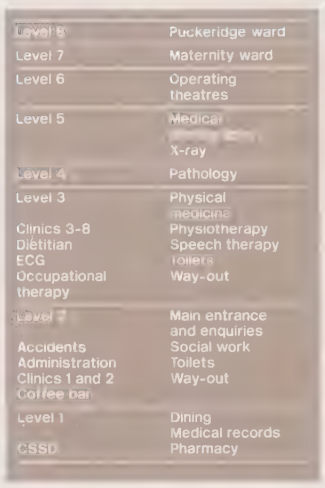
D2

Directory signs
Types: Q1/Q2/Q3 - fixed
Q4 - rarely changed
Q5 - often changed
Size: 450 x 300
Letters: Q1 - 200
Q2/Q4/Q5 - 15
Q3 - 7.5
Av. line: (15) - 17 chars.
(7.5) - 17 chars/col per. column

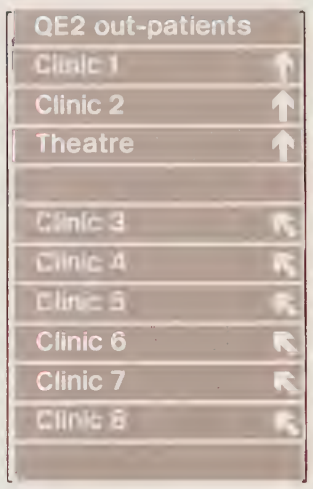
Q1



Q2

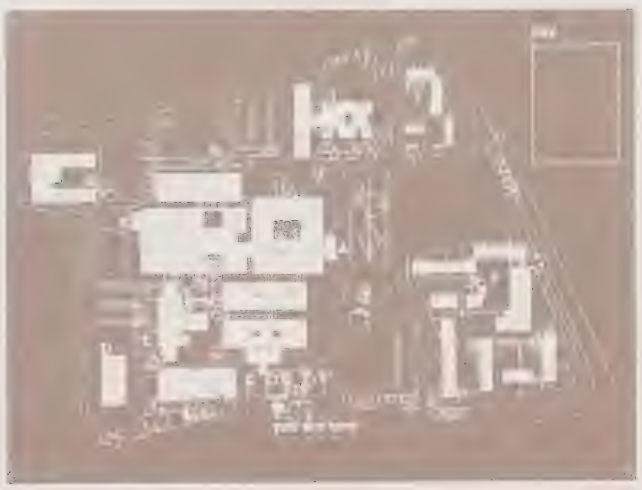


Q3



Q4/Q5

Plans and maps
Size: 450 x 600


Q6

Location and direction signs
Sizes: F - 100 x 800
G - 200 x 800
Letters: 40
Av. line: 14 chars.

F

G

Size: H - 150 x 1200
Letters: 60
Av. line: 14 chars.

H

Special 2 line H sign
Letters: 30
Av. line: 28 chars.
Horizontal margins to align with 60 x ht. H sign
To be used as a supplement to a location sign only

H2

Product range external signs

Major accident sign (folding)
Size: T1 600 x 900
Letters: 40
Av. line: 14 chars.

Scale 1:20

T1

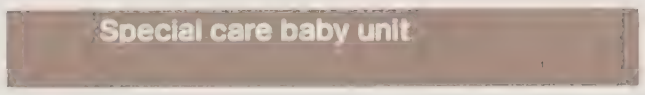
Warning sign (folding)
Size: T2 - 450 - width

T2

External location and direction signs
Size: I - 150 x 1200
Letters: 60
Av. line: 14 chars.

I

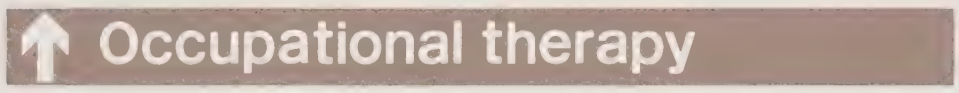
Special 2 line I sign
Letters: 30
Av. line: 28 chars.
Horizontal margins to align with 60 x ht. I sign.



I2

To be used as a supplement to a location sign only

Size: J - 150 x 1800
Letters: 60
Av. line: 24 chars.

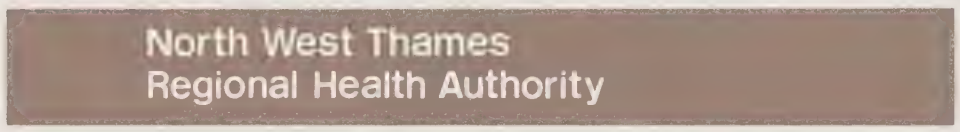


J

Size: K - 225 x 1800
Letters: 90
Av. line: 14 chars.

K

Special 2 line K sign
Letters: 40
Av. line: 31 chars.
Horizontal margins to align with 90 x ht. K sign.



K2

To be used as a supplement to a location sign only

Size: L - 300 x 1800
Letters: 120
Av. line: 12 chars.

L

Size: M - 300 x 2100
Letters: 120
Av. line: 14 chars.

M

Size: N - 300 x 2400
Letters: 120
Av. line: 17 chars.

N

Fascia signs
Size: O - 500 high
Letters: 200

O

Product range: special boards

Notice-boards
Sizes: 450 x 300
450 x 600
450 x 900
900 x 600
900 x 900
Letters: 15
Av line: 17 chars

R1

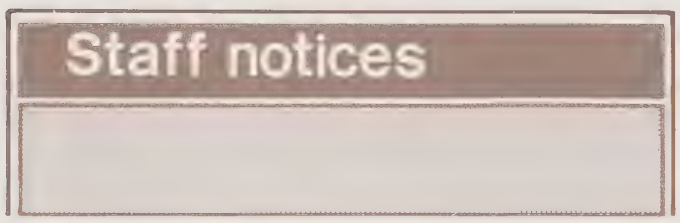
R2

R3

R4

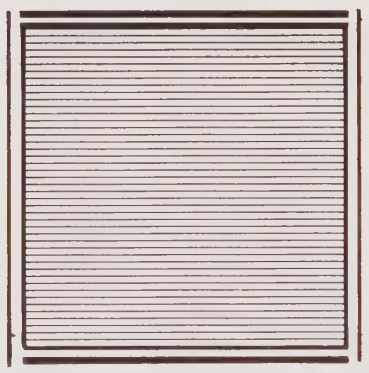
R5

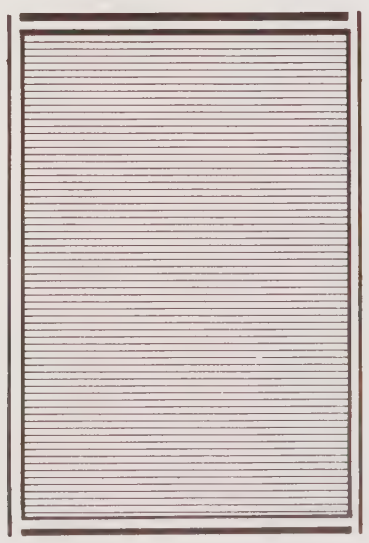
Notice boards are framed in a similar way to Q signs. They may be fixed direct to a wall, or suspended from a demountable storage rail. The title on a U or V sign is optional.

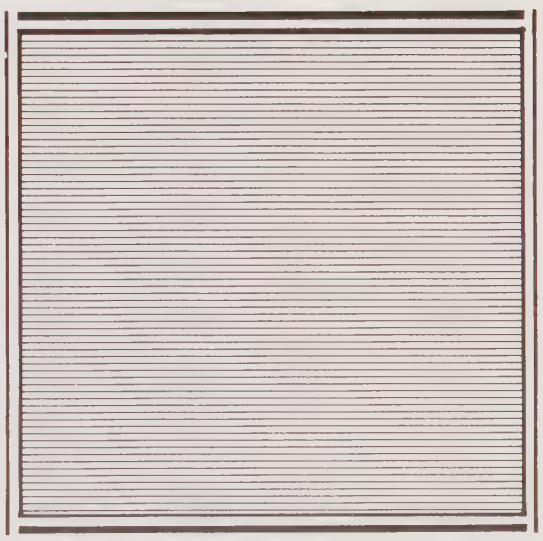


Events boards
Sizes: 500 x 375
500 x 500
750 x 500
750 x 750
Letters: apprx
24,18,12,6

W1


W2


W3


W4

Note: the sizes of events boards illustrated are a selection from a proprietary system, which also includes stands. The alphabet used is similar but not identical with the Health alphabet. Title panels screen printed on mid brown can be incorporated

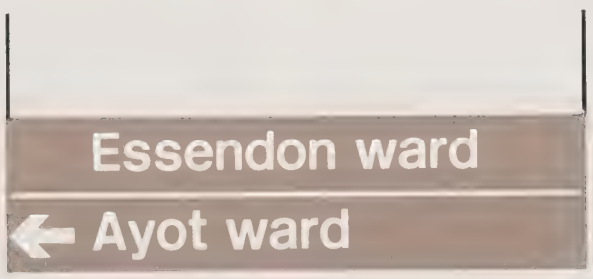
Product range: fixing products

Sign holders
Code: SH
For signs: A1,A2,C1,C2,P1, S1,U,V

Projecting signs
Code: PF
For signs: D,E,B1,P2,S2

Internally illuminated signs
Code: WL
For signs: O, P2,S2

Suspended signs
Code: SF
For signs: F,G,H



Post fixed signs
Codes: standard - PO
end fixed PR
Note: All posts are rectangular

Post lengths
A 1500
B 1800
C 2100
D 2400
E 2700
F 3000
G 3300

Cube signs
Code: CU
For signs: F

Wall fixed signs
Code: WF
For signs: all except T1,T2
Not illustrated

Lamp post fixed signs
Code: LP
For : Traffic signs
Not illustrated

Materials and components

The materials and components of which Health Signs and their fixings are constructed, shall be fit for their purpose and are required to satisfy the following standards of performance.

Exposed surfaces of signs shall be of a rigid material that is flat and smooth, finished in the factory, and shall not require any form of decoration on site. The signs for any one project, ordered at the same time, shall be consistent in colour, shape, texture, size and standard of finish. Characters, words and pictograms are to be securely bonded to the signboards in a manner that does not allow them to be picked or peeled off.

Supports and fixing products. Signs shall be delivered complete with supports and fixing products, other than screws for wall or ceiling fixing. Supports shall be incombustible, as defined in BS 476, Fire tests on building materials and structures. Internal signs to be fixed to walls shall be supplied complete with adhesive continuous along all edges. Fixing systems shall be neat, unobtrusive and resistant to accidental damage and vandalism.

Corrosion resistance. Materials and components shall be selected for their resistance to corrosion, eg mild steel shall be galvanised before finishes are applied.

Resistance to temperature and humidity conditions. Materials and surface finishes of external and road traffic signs, their supports and fixings shall be capable of withstanding a temperature range of −20°C to 40°C and relative humidity of 30% to 65%. No signposting component shall contain material known to support the growth of bacteria, fungi or insects.

Water absorption. Constituent materials shall neither be soluble in water nor shall they absorb water.

Materials shall comply with or exceed the quality requirements of the current editions of the appropriate British Standards, eg: BS 1470: Wrought aluminium and aluminium alloys for general engineering purposes − plate, sheet and strip.
BS 1474: Wrought aluminium and aluminium alloys for general engineering purposes − bars, extruded round tubes and sections. This includes hollow sections.
BS 2989: Hot-dip zinc coated steel sheet and coil.
BS 3757: Specification for rigid PVC sheet.

Materials in use. The following materials are currently being used successfully in the construction of signs:
Internal signs, rigid PVC sheet, extruded and injection moulded PVC and, acrylic sheet, stove enamelled aluminium sheet, anodised aluminium extrusions.
External signs, extruded PVC, stove enamelled or anodised extruded aluminium, stove enamelled folded aluminium sheet, stove enamelled folded galvanised mild steel sheet, framed acrylic sheet.

Brochures. Manufacturers who are registered firms of assessed capability are required to publish their specifications for the materials and fixings they use, in their Health Signs brochures.

PART THREE

Ergonomic data

60 Ergonomics
62 Heights of signs
64 Positioning identity signs on doors

Ergonomics

The following are factors that influence the legibility of signs:

1 Form of characters in the alphabet
2 Background space between and around characters
3 Size of characters
4 Colour of characters
5 Colour of background
6 Size of symbols
7 Viewing distance
8 Displacement
9 Nature of viewer eg driver or pedestrian
10 Ability of viewer
11 Lighting conditions

Factors concerning the form and layout of characters, their colour, background and size have been given already. This section is concerned with viewers, viewing distances, displacement and lighting conditions.

Dimensional data relating to viewing distances

Relevant and reliable information on sizing and positioning lettering, symbols and signs is sparse. Precision cannot be achieved, for unlike traffic signs little research has yet been undertaken on signs in buildings. In this section such information as is available is brought together, treated with caution and presented as a rule of thumb guide, for use in the one context of health buildings. It is intended as a "scene setter" or a means of checking an individual situation. Once the scale of signs for different purposes has been established for a given building, consistency in both the sizing and positioning of signs will be of the utmost importance.

Height and distance

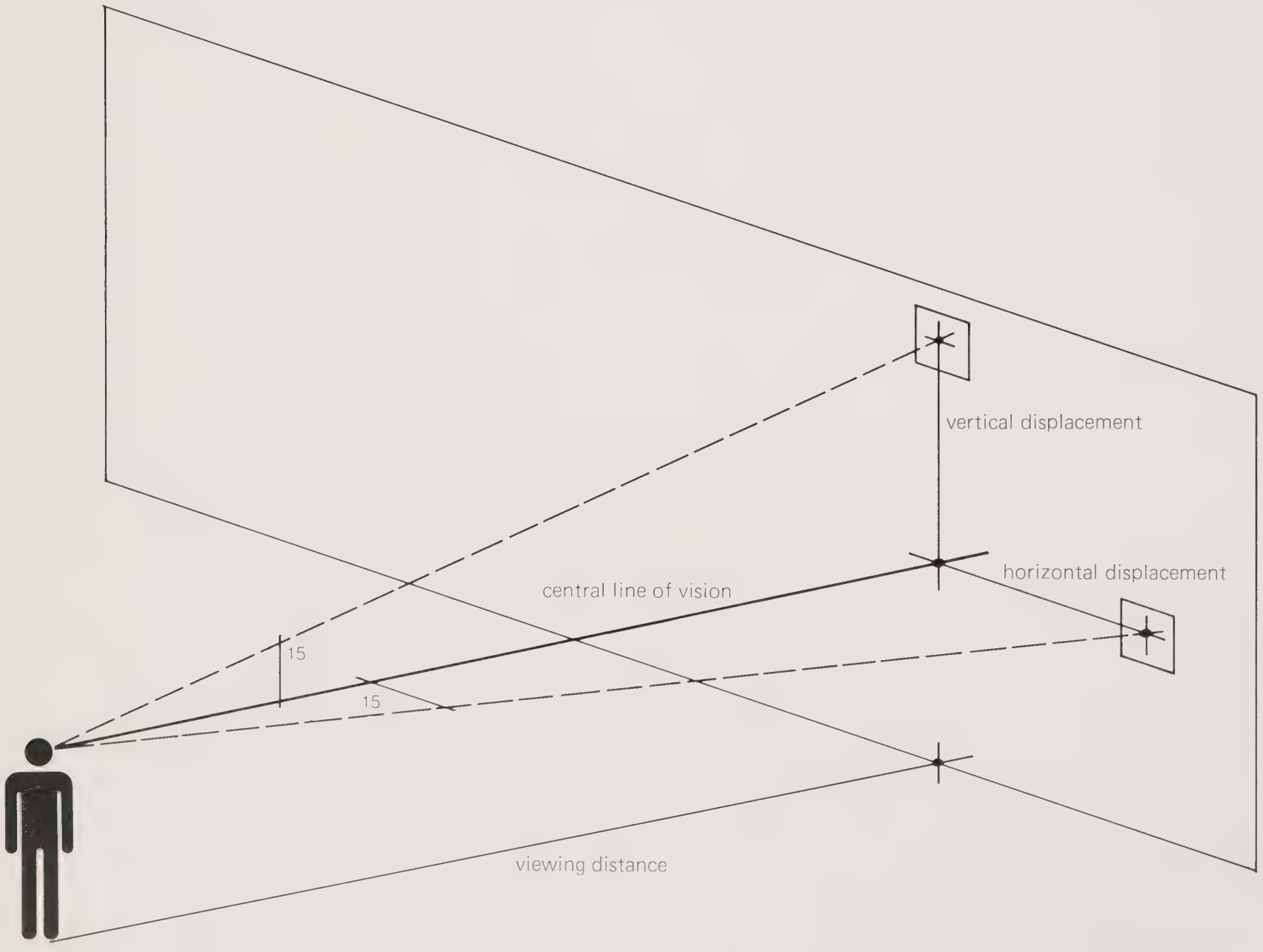
The nominal eye height of an adult has been taken at 1500mm. Such guidance as is given is based on this dimension as a working height. The definition of the size of a symbol or sign is dependent on factors of required viewing distance and displacement. These two variables are affected by lighting conditions, complexity of the message, complexity of the environment and the physical and emotional condition of the viewer. Maximum displacement is taken as being 15°, which is a displacement of 2.5m away from the central line of vision at a distance of 10m.

Viewing distances for drivers

Direction signs facing on to public roads need to relate to traffic signs, and lettering will normally need to have an 'x' height of 90mm. Within hospital grounds, if speeds are restricted, an 'x' height of 60mm is appropriate, and this may also be used to signpost footpaths. However, if speeds over 25 mph are anticipated within the grounds, the 'x' height should be increased to 90mm.

Viewing distances for pedestrians – lettering

A cautious guide to appropriate viewing distances for the various types of Health Sign, based on BS 5499: Part 1: 1984, is given in the table. In this 5mm 'x' height is proposed for every 2.5m of viewing distance.



Viewing distance and displacement from the central line of the normal direction of viewing

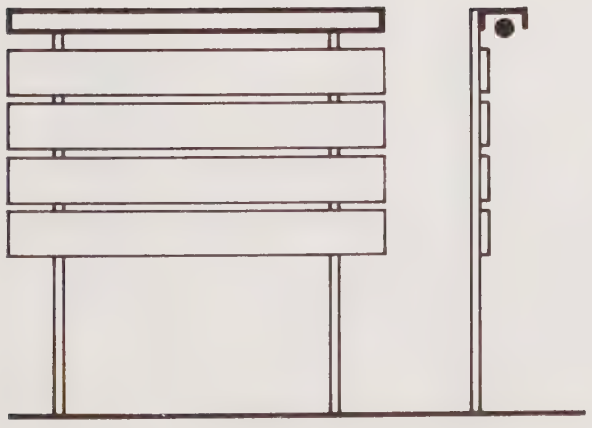
Viewing distances for pedestrians – pictograms and safety signs
For those safety signs or supplementary signs that contain wording, viewing distances are as in the previous table. However, the geometric shape of a safety sign and the symbol within it will be readily recognisable from a greater distance. The Public Information Symbols included in the Health Signs range are of two sizes, 75 and 150mm, as a guide they are intended to be recognisable at distances up to 10 and 20m respectively.

Lighting
Although special levels of lighting are not assumed in this guidance, good lighting is essential for good visibility. In positioning signs internally maximum advantage should be taken of both natural and artificial light resources. Externally it has to be appreciated that for much of the year it is dark from mid afternoon. Whenever possible external signs should be associated with general artificial light sources. Alternatively, post mounted signs may be lit by strip lights which are rather more sympathetic to signposting installations than individual commercial lamps. It is particularly important that key entrances should be clearly visible at night and in poor weather conditions. Such entrances include Accidents, Out-patients or the Main entrance and Enquiries, for these large internally illuminated fascia signs are needed that can be seen from a distance.

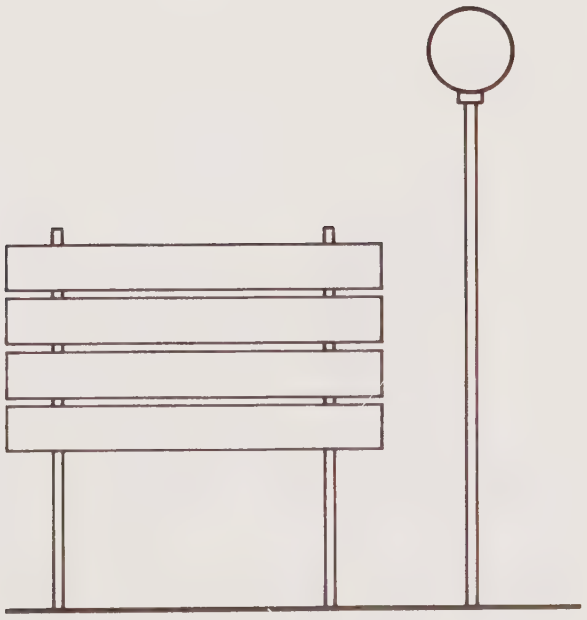
Partially-sighted persons
Health Signs are not specifically designed for the partially-sighted, although they are designed for maximum clarity, which is one of the reasons for the cautious approach taken in this section. So long as they are used in accordance with the design guidance in this Manual and particular attention is paid to lighting and positioning, the signs should be an aid to a number of partially-sighted persons. For those more seriously afflicted it is possible to supplement identity signs with Braille signs. Some hospitals may wish to make it clear that partially-sighted or blind persons are welcomed with guide dogs.

Wheelchair users
Where signs are intended specifically for unaccompanied wheelchair users the working height reference at the beginning of this section should be reduced from 1500 to 1200mm.

'x' height	Sign type	Viewing distance
5.00mm	B3, C3, P1, S1, S3	up to 2.50m
7.50mm	A1, C1, C4, C5, Q3	up to 3.75m
10.00mm	P2, S2	up to 5.00m
15.00mm	Q2, Q4, Q5, U, V	up to 7.50m
30mm	A2, D, E	up to 15m
40mm	F, G, T1	up to 20m
60mm	B1, H, I, J	up to 30m
90mm	K	up to 45m
120mm	L, M, N	up to 60m
200mm	Q1, O	up to 100m



Strip light



Association with lampstandard

Internally illuminated fascia sign

Heights of signs

The cartoons that follow indicate the heights at which signs will normally be fixed and the means of fixing them.

External signs

Wall fixed fascia signs These type O signs are intended to be used at such major entrances as the Main entrance, Accidents and Out-patients. They need to be seen from a distance, preferably on entering the hospital grounds, and therefore have to be at a height at which they will not be obscured. If placed on a canopy, the canopy needs to be at a height that will allow clearance for ambulances. In most instances it will be desirable for these signs to be internally illuminated.

Other wall fixed signs This group includes direction signs types I, J and K, and location signs I, J, K, L, M, and N. A minimum height of 1500 is recommended. Types I and J are intended for vehicular traffic in hospital grounds, where speeds are restricted they may have a viewing distance up to 60m. However these signs are also intended for pedestrians and their viewing distance may be as little as 12m. Type K should be used where speeds are not limited or greater pedestrian viewing distances are needed.

Post fixed signs. This group also includes sign types I, J, K, L, M and N. A minimum height of 750 is recommended where there are no obstructions. A height of 2100 gives clearance for pedestrians and cars.

Wall fixed traffic signs Such signs should be placed at 1500 unless there is a likelihood of obstruction by cars and vans.

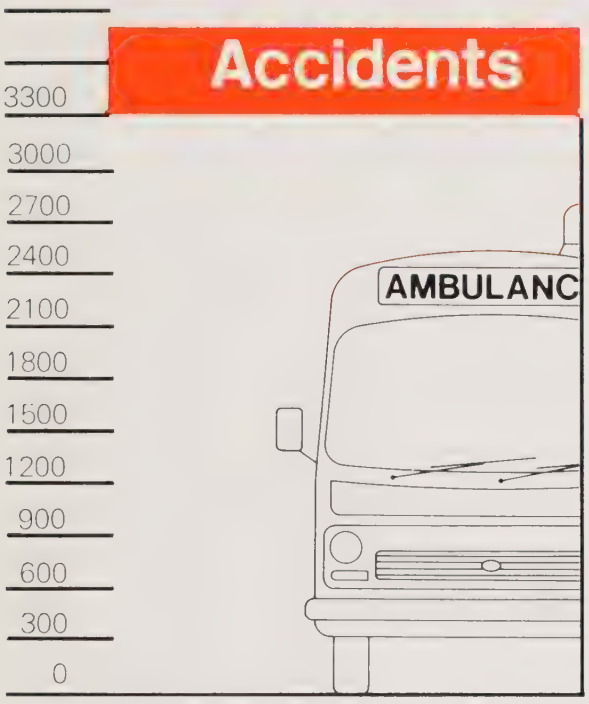
Projecting traffic signs The minimum height of 2100 is proposed to give clearance for pedestrians.

The recommended heights for traffic signs are intended as a guide for use within hospital grounds only.

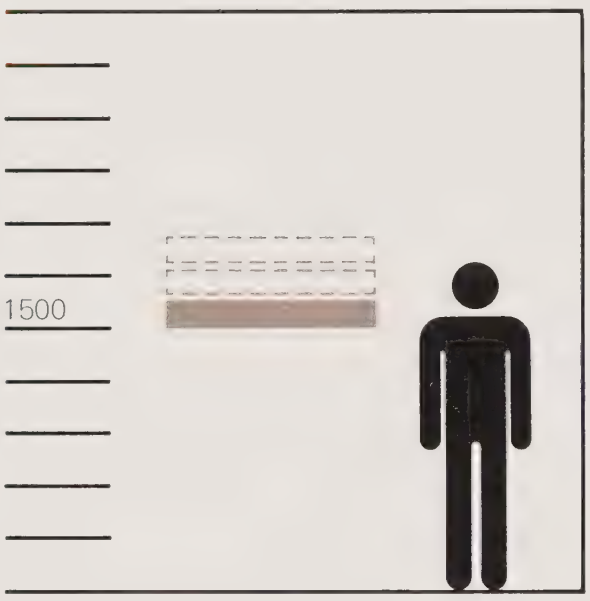
Internal signs

Suspended signs These refer to location and direction signs types F, G and H and include Fire exit signs. The bottom sign should normally be at a consistent 2100. There should be a 10mm gap between planks. Signs F and G can be read from distances up to 9m and H up to 12m. If it is necessary to read signs from greater distances an intermediate bank of signs should be introduced.

Projecting signs This method of fixing is intended for identity signs, single characters and pictorial symbols (if necessary with supplementary symbols), types D, E, B1, P2 and S2. It provides an alternative to wall or door fixing, particularly for side wards, clinics, nurses' stations or toilets,

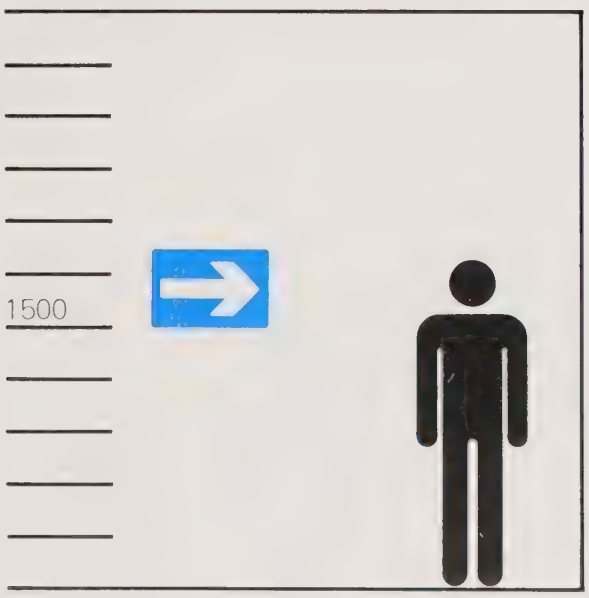


Wall fixed signs. fascia, type O

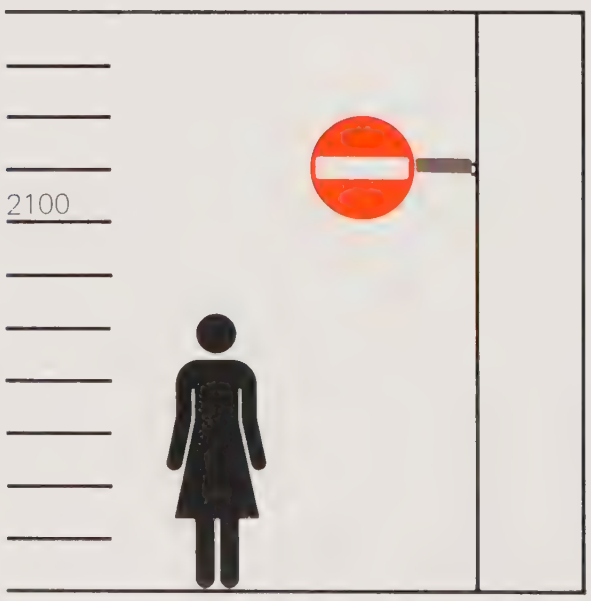


Wall fixed signs: location or direction, types I, J, K, L, M, N

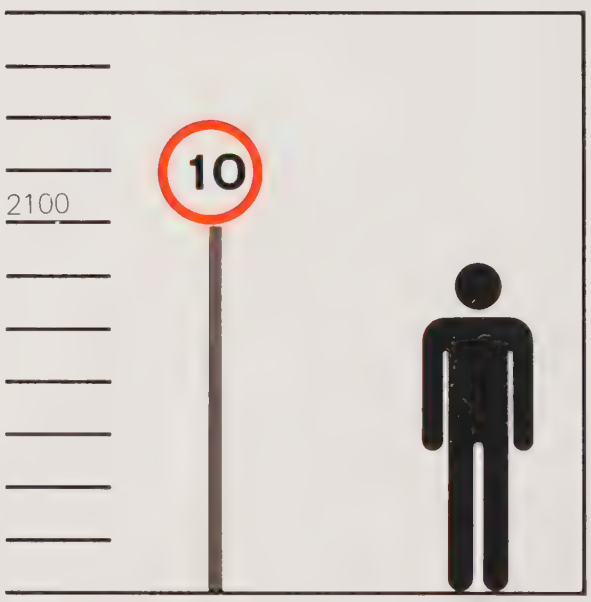
Post fixed signs: location or direction, types I, J, K, L, M, N, when there is no obstruction



Wall fixed signs: traffic



Projecting signs: traffic



Post fixed signs: traffic

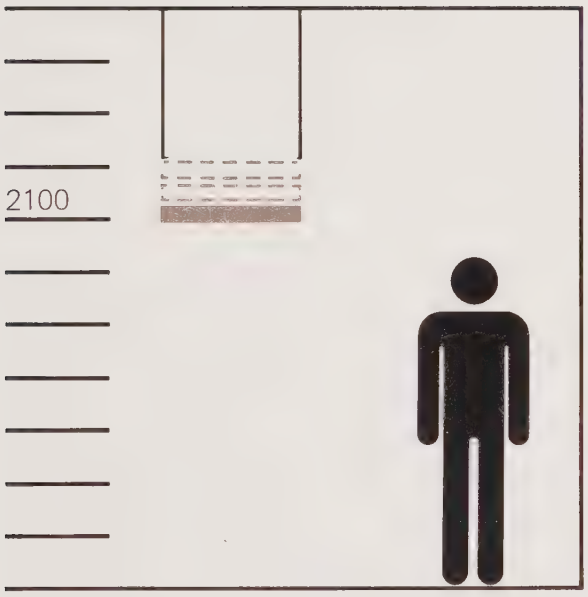
allowing the signs to be seen readily up to 6m. Unlike location and direction signs these signs are not necessarily intended to be read from the full length of a corridor.

Wall fixed special signs On those occasions when it is helpful to use standard lettering on fascias, as for example over counters, the minimum height of fascia should be 2100.

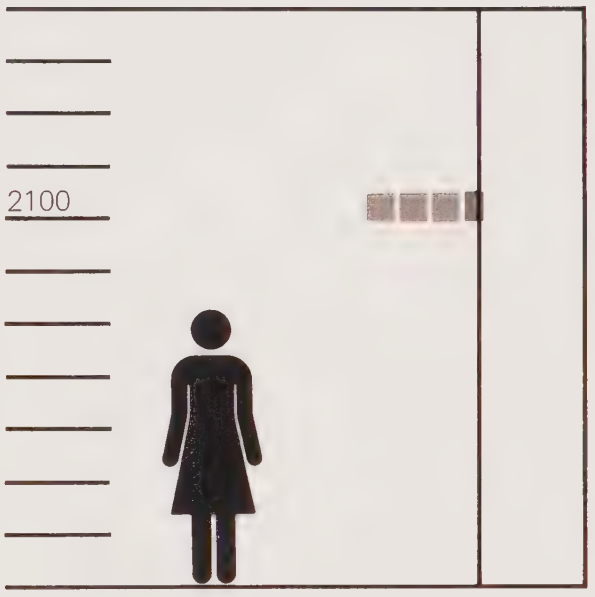
Wall fixed location and direction signs The fixing height of signs types F, G and H will depend on architectural features and the number of persons who are likely to be between the viewer and the signs. In comparatively quiet areas the minimum height should be 1500, where there is a throng of people or any other form of visual obstruction this height may need to be increased. The possibility then is to use a base height of 2100 which will give consistency with projecting and suspended signs.

Wall fixed directory signs These Q type signs should be fixed at 1500, although Q1 signs which give floor numbers can be placed at say 2100 if there is likely to be an obstruction. Lift signs will normally be in single modules, but if a second module is needed it should be placed side by side since the 7.5mm characters will not otherwise be readily legible at the bottom of the sign. On the other hand directory and clinic boards have 15mm characters and if a second row is needed it can be placed below. These latter signs may readily be read from up to 3m.

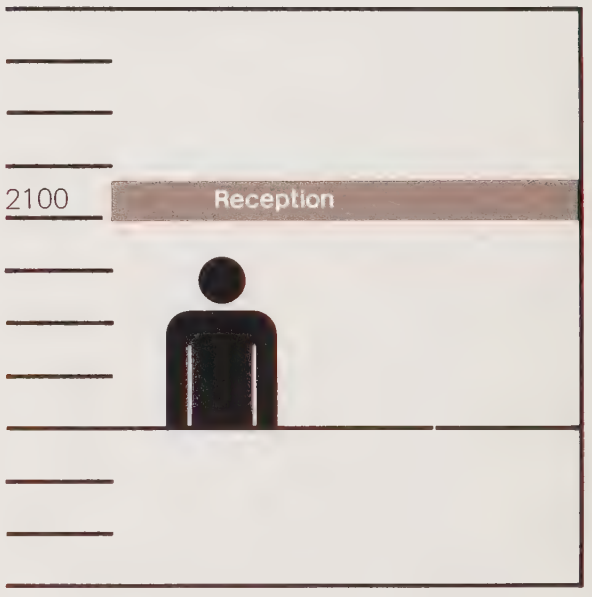
Other wall fixed signs This group of signs which are normally fixed on walls or doors include identity, safety and fire safety signs, public information symbols, numbers and notices. They are mostly seen near to and need to be at eye level, which is taken to be 1500. This is particularly important for notices which have 5mm characters.



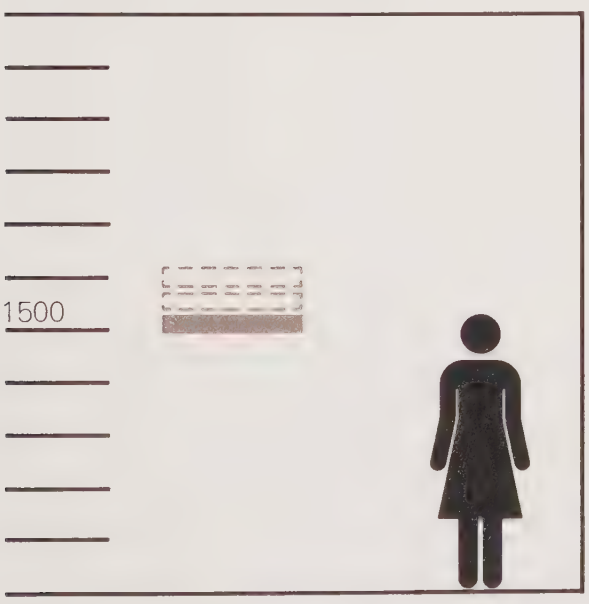
Suspended signs: location or direction, types F, G, H. Gaps between planks 10mm.



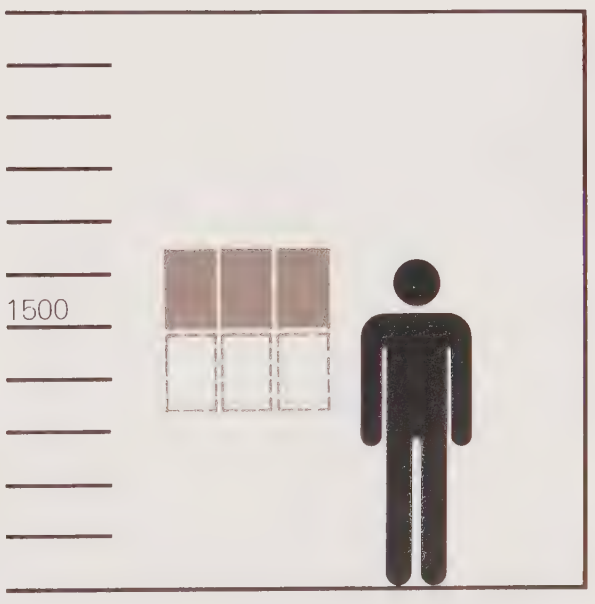
Projecting signs: identity or public information, types D, E, P2



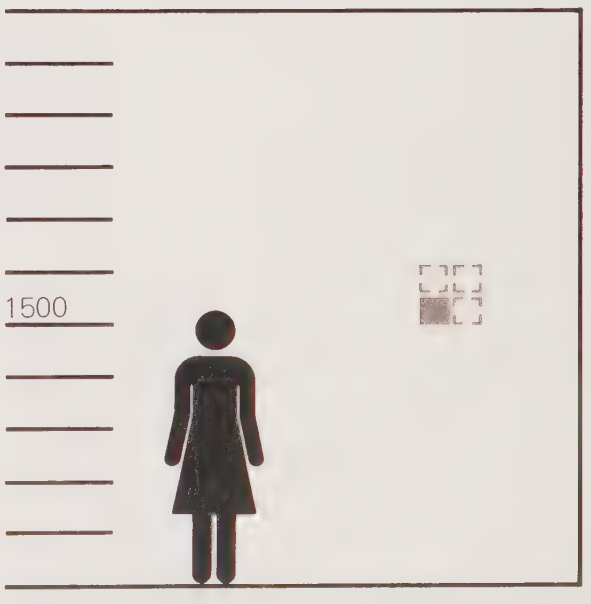
Wall fixed signs, special fascia, location.



Wall fixed signs: location or direction, types F, G, H



Wall fixed signs: directories, types Q1-5



Wall fixed signs: identity, safety, public information, supplementary signs, numbers and notices, types A1, A2, B1, P1, P2, S1, S2, S3, C3, B3, C1, C4, C5

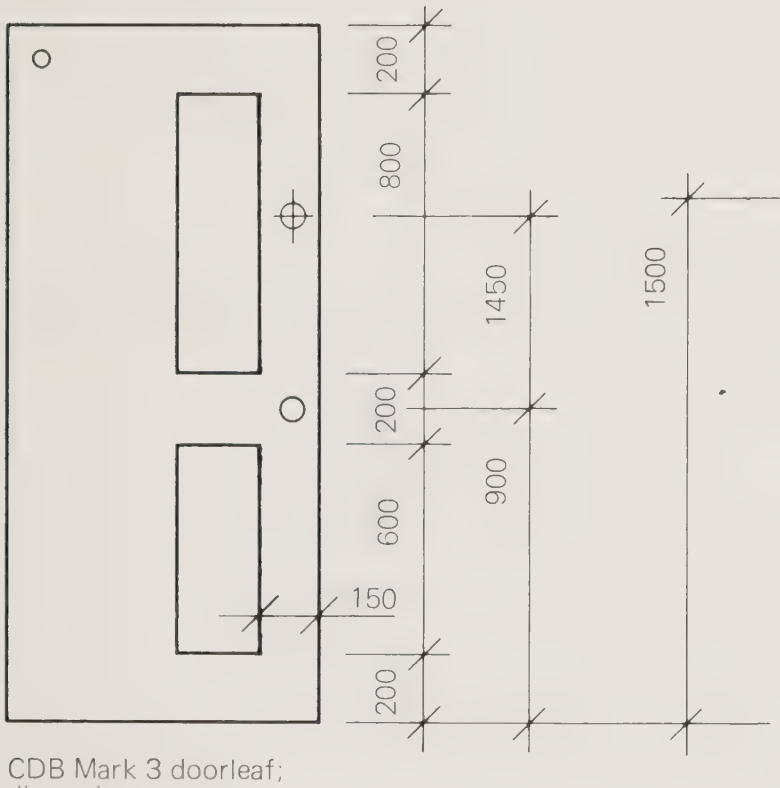
Positioning identity signs on doors

The positioning of signs on doors is a significant feature throughout a hospital. It needs to be consistent and rational; factors which require careful planning from the earliest stages of the design process.

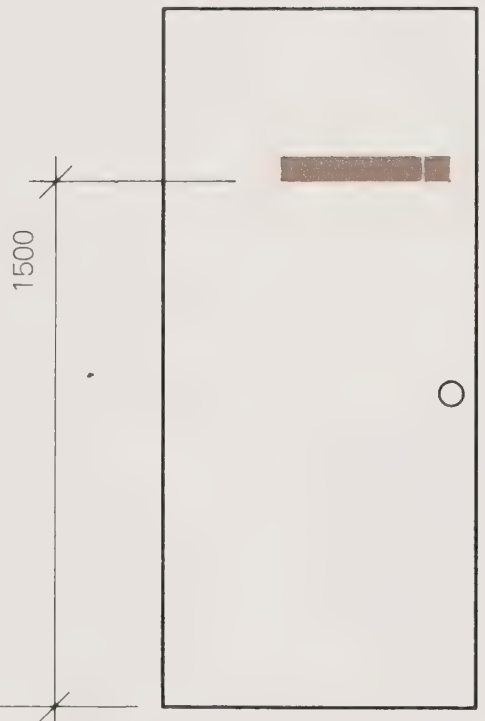
Signs on doors should be placed at eye level. For ease of assembly this is taken at the bottom edge of the sign and is standardised at 1500mm. When additional signs are needed they are placed alongside or above. All appropriate permutations of signs can be accommodated on solid flush doors, but viewing panels can be restrictive. On the revised version of CDB Mark 3 doors with viewing panels, small identity signs, room numbers and safety signs can all be grouped between the glass and the leading edge of the door. All signs should range from the leading edge.

The position for a sign at low level, indicated on the door with vision panel, is for fire safety on a horizontal evacuation route, when it is decided to have a duplicate sign at low level to avoid smoke.

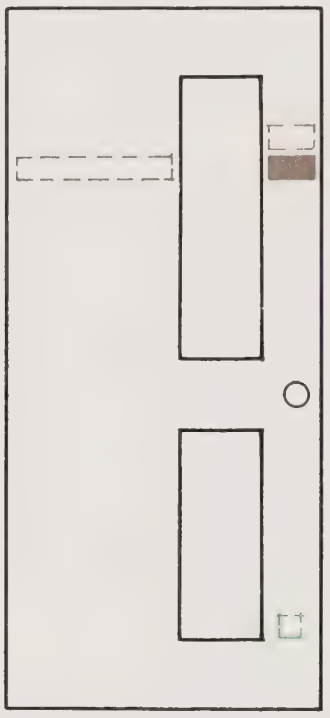
On other doors, when consistency of positioning cannot be achieved, an alternative is to place the signs on the wall adjoining the leading edge of the door. This has the advantage that signs can still be seen even if the door is open, but it is not always possible to find a clear area of wall space, or one where the relationship of signs to the door is readily apparent.



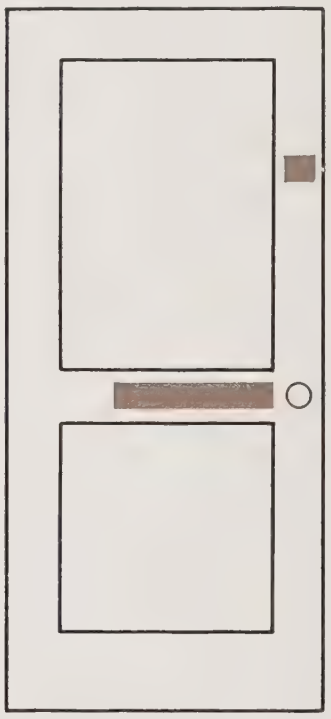
CDB Mark 3 doorleaf; dimensions



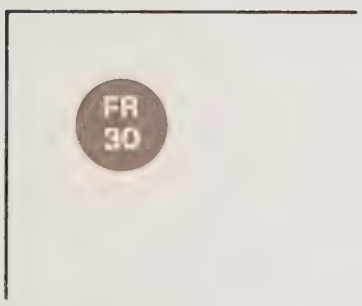
Signs on a CDB Mark 3 flush door



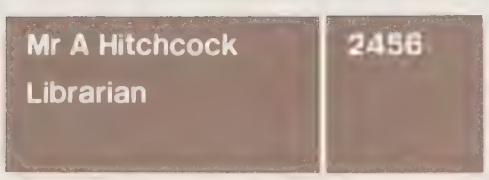
Signs on a CDB Mark 3 door with vision panel



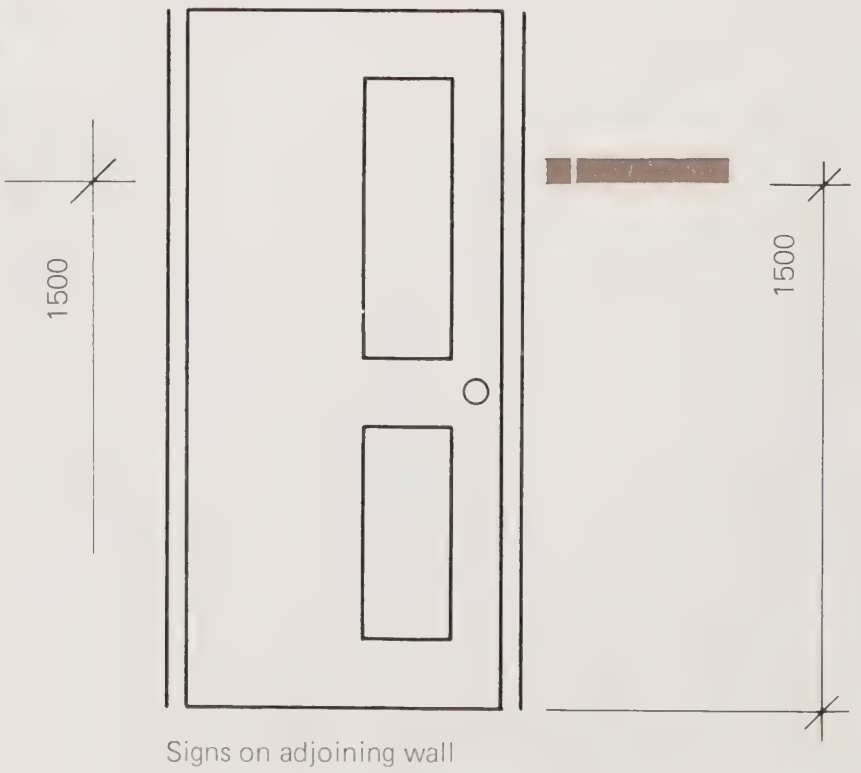
Signs on a traditional glazed door



Identification disc



Preferred height for door signs



Signs on adjoining wall

PART FOUR

Project data

66 Project management
70 Drawings
72 Schedules
76 Project check list

Project management

Signposting is one of the smallest items to be considered in any new building project. Although each project varies a check made on a number of projects completed in 1983 showed the signposting contract to represent about 0.25% of the final contract sum. There is a danger that its complexity may not be appreciated and its demands on project management consequently under estimated. For such a small item its impact is considerable both in terms of communication and appearance. The following questions and answers are intended as an aid to those concerned with signs at each stage of project management. The information given varies according to the type of project; at one extreme, for signs to go into a new building at the time that it is being built, and at the other extreme the major refurbishment of signs in an existing building when no other building work is going on.

Questions	Answers **Signs in new buildings**	**Refurbishment of signs in existing buildings**
Design		
Who designs?	The architect	Small projects are likely to be undertaken by the administrator in association with the works officer, probably aided by a selected supplier. However it should be remembered that the design of a signposting system is intricate and extremely time consuming. If a supplier is asked to give advice or to prepare schedules, it is only right that the specifier should make it clear whether he is going out to tender or whether he wishes to negotiate solely with the one supplier. Major signposting schemes, for large, complex, diverse or old buildings should be designed by an architect to ensure overall coordination.
How is the designer selected?	By the Regional or District Health Authority	For major schemes an architect should be selected who has experience of signposting. The Regional Architect's department should be able to advise on selection.
To whom is the designer responsible?	The project team	The unit administrator or works officer.
How is he briefed?	Specifically: by the project team as a result of policies determined in the control plan, and for the whole hospital. Generally: as a result of information on signposting published by the DHSS, eg this HTM, Health Building Notes for the whole hospital and individual departments.	Specifically: by the unit administrator, the works officer or a working party set up by the hospital to represent major interests. Generally: see new buildings.
What does he do?	He designs the signposting scheme based on his knowledge as a member of the project team, prepares drawings showing the location of signs and schedules defining the type, quantity and location of signs. The drawings and schedules required are described in detail in the pages that follow. He applies for statutory consents if required.	He surveys the existing buildings and routes taken by visitors and staff. He will recommend whether the project should be undertaken all at one time or in phases. He prepares a schematic proposal that reconciles the need for simplicity with the complexities of the existing hospital buildings, organisation and traditions, in consultation with the hospital. When this is approved he prepares contract drawings showing the location of signs and schedules defining the type, quantity and location of signs. He will advise the hospital whether any statutory consents are likely to be required and how to seek them.

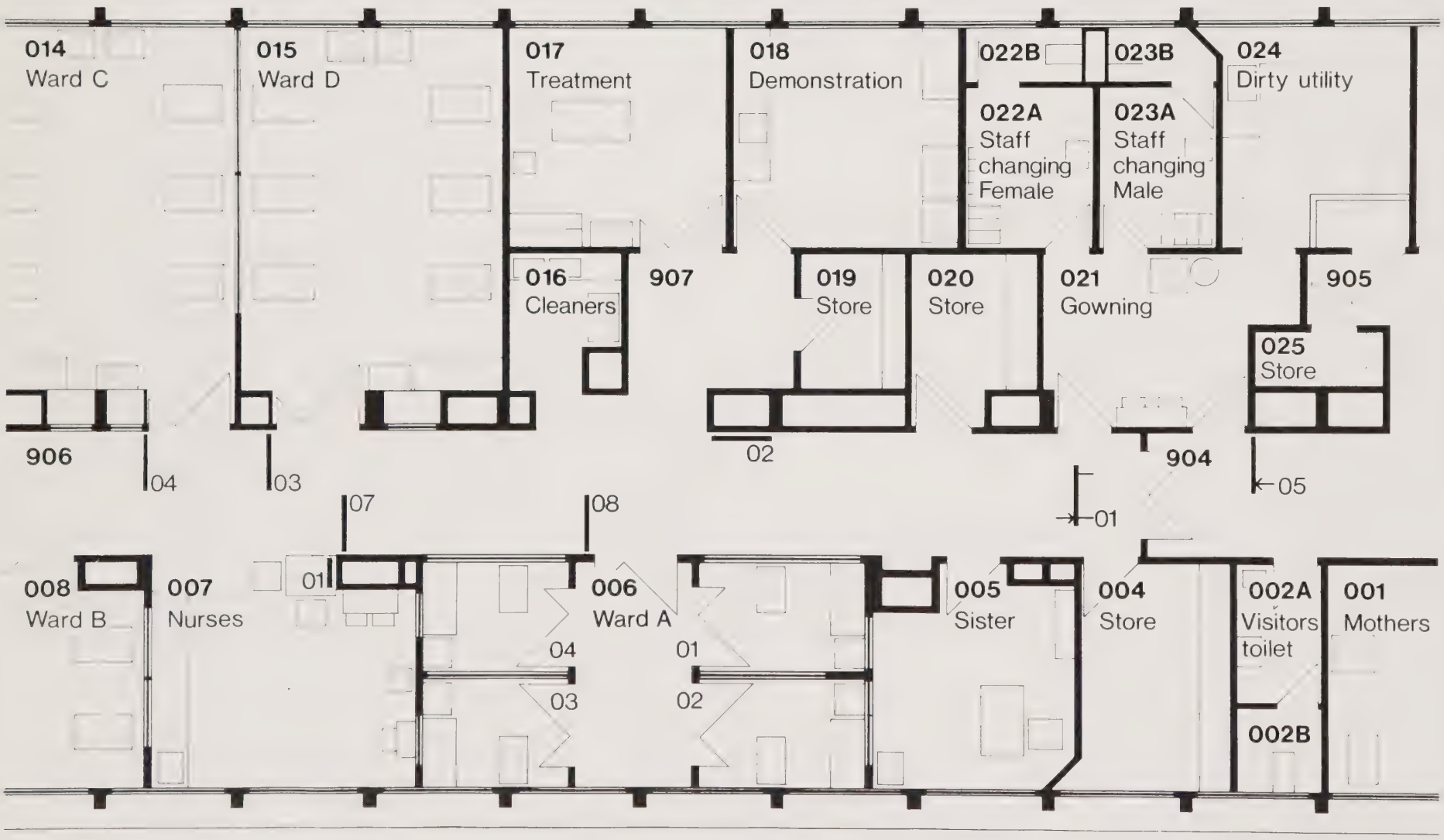
Estimates and quantities		
Who prepares estimates and bills of quantities?	Quantity surveyor	It is unlikely that a quantity surveyor will be involved on a refurbishment project that is only concerned with signs. If an architect is retained he will undertake these tasks.
How is the quantity surveyor selected?	By the Regional or District Health Authority	Not applicable
To whom is the quantity surveyor responsible?	Project team	Not applicable
How is he briefed?	Specifically: by location drawings and schedules Generally: by this HTM	Not applicable
What does he do?	He will estimate a contract sum based on the complexity of the work. He will then either insert a provisional or PC sum in the bill of quantities or measure the signs to be included in it.	On a major signs refurbishment scheme it will not be possible to prepare an estimate until a considerable amount of survey, design work and consultation has been accomplished. Such schemes are inevitably more complex and therefore proportionally a lot more expensive than signposting in a new building project of comparable size. Once schedules have been prepared it will be possible to obtain accurate quotations.
Supply		
Who supplies?	A list of four suppliers was selected in 1982, by DHSS in association with NHS, in open competition. Each firm has undertaken to conform to the design rules given in this manual; unless the specifier explicitly countermands a rule the supplier will conform. Each firm has also produced a product specification. The list of selected suppliers will be replaced by a list of 'registered firms' to be published by British Standards Institution. Registration by BSI is open to any firm that can satisfy and continue to satisfy the BSI System of Assessed Capability for firms manufacturing or supplying the Health Signs described in this manual.	See signs in new buildings
How is the supplier selected?	If the supplier is to be nominated by the architect he should obtain a minimum of three quotations. Alternatively, if the signs are measured in the bill of quantities, the responsibility for selecting the supplier lies with the main contractor. Since the design and specification of signposting products, (except for size, colour and use of the Health alphabet), varies between suppliers, the specifier should acquaint himself with the variations. Under the terms of the BSI System of Assessed Capability a registered supplier is required to produce appropriate product literature covering the full Health Signs product range, and the signs should be in accordance with this literature.	The notes on selection of a supplier, under signs in new buildings, are also appropriate to refurbishment. Whether the project is to be undertaken in one contract or whether it is to be phased it is desirable that one supplier should be appointed to do all the work involved. Except for the very smallest schemes quotations should be obtained from at least three selected suppliers, based on a specification requiring signs to conform to this manual, and comprehensive schedules. If the project is to be undertaken in phases it is desirable that one supplier should be appointed at the start for all phases, in which case it will be necessary to obtain competitive quotations based on unit rates. The potential suppliers will need to be informed of the likely extent of the whole project. Prices will need to be held for a minimum period of one year.

To whom is the supplier responsible?	The main contractor	The works officer
How is the supplier briefed?	If the supplier has been selected on the basis of measurements in the bill of quantities only, he will need to receive instructions from the main contractor including specifications and schedules, in good time to make the signs.	By the architect or on small scheme the unit administrator in association with the works officer.
What does he do?	He provides signs in accordance with the above and in accordance with the rules given in this manual. On occasions he may offer a fixing service or an inspection and maintenance service.	See signs in new buildings
Fixing		
Who fixes?	Normally the main contractor.	The works department or the supplie
How is the person who fixes selected?	Under the main contract	Normally this will depend on the wor load on the works department. If it cannot undertake the work the most suitable alternative would be the supplier.
To whom is the fixer responsible?	The architect.	The works department.
How is he briefed?	The main contractor will need to have a copy of the location schedules, which relates signs to room numbers on the plans. In addition he will need a copy of the page of fixing instructions annotated specifically for each project. This will give him the information he needs on the height and manner in which signs are to be fixed.	By location drawings and schedules plus the page of fixing instructions in this manual annotated as required
What does he do?	First he should place his order with the supplier he has selected, or that the architect has nominated, and send the supplier a copy of the schedule of signs or if available a computer product count print-out. Until that is received the supplier will not know which messages go on which signs, where arrows are required, and which background colours to use. On receipt of the signs he will need to check that all signs have been delivered. He will need to sort out the signs needed in different locations and to assemble banks of signs at the correct spacing and in the sequence shown on the schedules.	See signs in new buildings
Commissioning		
Who commissions the signposting?	The commissioning team, headed by an administrator, including both user representatives and members of the design team.	Not applicable
To whom is the commissioning team responsible?	The health authority	
When?	Towards the completion of the building contract.	
What does it do?	The commissioning team's task is to verify that the signs specified are still appropriate and to modify the schedules if, due to planning	

	changes, they are not; to provide temporary signs if the building is to be opened in phases, and to meet demands for additional signs or changes to signs should they arise. Note: it is advisable that temporary signs are obtained from the selected supplier in the same format as permanent signs.	
Evaluation		
Who makes the evaluation?	A team headed by the unit administrator.	Not applicable
When?	After the hospital has been running for approximately six months.	
What does the team do?	It evaluates the extent to which the hospital is running effectively and corrects those signposting defects, which it cannot afford not to correct.	
Cleaning and maintenance		
Who cleans and maintains the signs?	See refurbishment of signs in existing buildings.	The domestic services department or the works department will be responsible for cleaning internal signs, which the works department will maintain. Works department will be responsible for both cleaning and maintaining external signs. These are tasks that the supplier is normally willing to take on on a maintenance contract.
How are they selected?		If contracted out it is an advantage if the selected supplier is asked to undertake this task.
To whom are they responsible?		Line management within the health service, or in the case of a supplier, whoever appoints him.
What do they do?		Gently wipe down each sign once every six months with a mild detergent. Adjust any faulty alignment replace any missing parts. Report any broken or missing signs that need replacement. Recommend a period of time at the end of which external signs should be replaced. Similarly with internal signs.
Agree and obtain additional signs	See refurbishment of signs in existing buildings.	The demand for signs and notices is an on-going demand that needs to be controlled if the quality and consistency of signposting is to be maintained.
Who requests signs?		Heads of departments
Who is responsible for agreeing that signs should be obtained?		Unit administrator advised by a user working party.
Who is responsible for obtaining signs?		Unit administrator in association with works department
Who is responsible for fixing signs?		Works department or the supplier.

Drawings

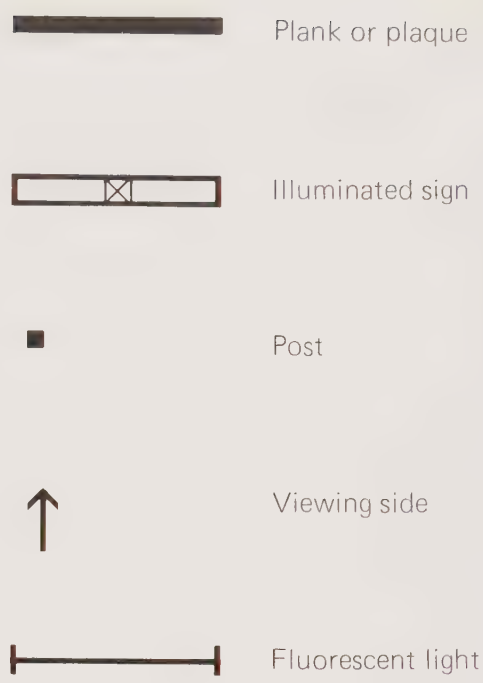
The example given below is a part of the refurbishment of a special care baby unit. The building is coded A and the floor is the sixth floor, so that each location assumes the suffix A6. It is not necessary to repeat this suffix number for each room number, each of which then has a 3 digit code and is numbered in a clockwise direction. Circulation spaces are numbered separately, also with a 3 digit code, beginning with the number 9. The position of sets of signs, other than those on doors which is self-apparent, is given in a 2 digit code.



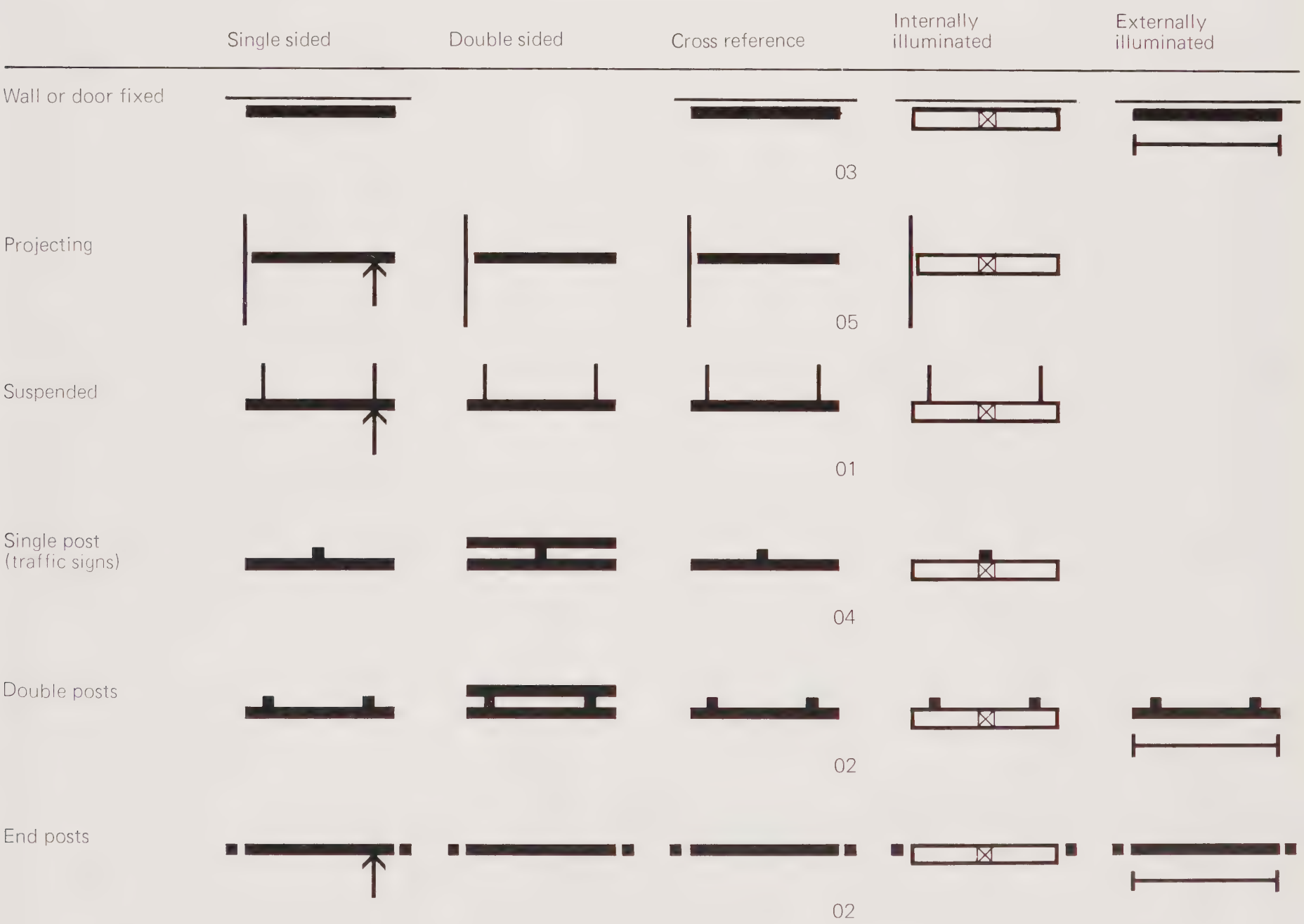
A: Building
6: Floor level

Drawing symbols and conventions

The following conventions are recommended to represent signs on plans. They are intended primarily for layout drawings at a scale of 1:50. It will not normally be necessary to show a symbol for a sign or set of signs on a door, since the location of signs on doors is readily recognisable from the schedule. For single sided projecting and suspended signs an arrow is used to show from which direction the sign is intended to be viewed. Cross references to the schedule only need include the set number shown adjacent to the sign symbol, since the first part of the reference, the number of the room or circulation space, will be apparent from the drawing. Nor is it necessary to identify each individual sign when there are two or more signs together. In this Manual the term set is used to mean a group of signs in one place, such as a bank of signs or combination of signs. The symbols shown are intended to identify and locate either a single sign or a set of signs.



Examples



Schedules for signs

The form illustrated may be used for either manual or computer scheduling. As a manual schedule the completed form will be used directly by the quantity surveyor, contractor or supplier. As a computer instruction, on the other hand, the completed form is only an intermediate step to the production of computerised schedules. A step which may be avoided if the specifier has immediate access to a computer terminal. There are three advantages to the use of a computer in scheduling signs. First, unlike the manual method the sequence in which data on signs is entered is immaterial. Second, changes can be readily accommodated. Third, different types of information to suit the user, whether he is a specifier, supplier, erector, or occupier, can be provided.

The schedules should be supported by layout drawings identifying location of signs, other than door signs, the location of which is self-apparent. For the convenience of the supplier separate schedules should be produced for door signs, (including identity signs, pictograms and safety signs, including projecting signs), internal signs, (location and direction), external signs and road traffic signs. If there are a large number of directory or cube signs separate schedules should be produced for them also.

The key to the symbols and conventions used on forms is as follows.

Title notes

Project, eg Harpenden hospital

Product group, as described previously
1 door signs
2 internal signs
3 external signs
4 traffic signs
if required separately:
5 directories
6 cubes

Scheduling notes

Product group, eg 2
(only required on computer schedules)

Location of signs
Building/floor/room/division/set, a six character code that identifies the room associated with each sign, eg A1003B
A – the building
1 – the floor level
003 – the room
B – the sub-division

Set, a two character code to identify each separate bank or group of signs in a room or external space, eg 01 – set one.

Health Signs
SIGNS SCHEDULE

Project Annables Ward Drawn AW Date 7.12.83
Product group 1 - Door signs Job no 40.9 Page 1

Prod group	Building / Floor / Room	Division / Set	Sequence	Sign type	Quantity	Arrow	Message 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Arrow or dept	Language	Preferred word/colour	Fixing	Faces Face	Length	Quantity
1	A6004		1	A1			A6004							
	"			C1			Store			S35				
	A6005		1	A1			A6005							
	"			C1			Sister			S19				
	A6006		1	A1			A6006							
	"			A2			A							
	"		2	A2			1							
	"		3	A2			2							
	"		4	A2			3							
	"		5	A2			4							
	A6906		8	B1			A				PFDP		1	
	A6007		1	S3			Y53							
	"			A1			A6007							
	"			A1			(blank)							
	A6906		7	D			Nurses				PFDP		1	
	A6008		1	A1			A6008							
	"			A2			B							
	A6014		1	A1			A6014							
	"			A2			C							
	A6906		4	B1			C							
	A6015		1	A1			A6015							
	"			A2			D							
	A6906		3	B1			D							
	A6016		1	A1			A6016							
	"			C1			Cleane							
	A6017		1	A1			A6017							
	"			C1			Treatm							
	A6018		1	A1			A6018							
	"			C1			Demons							
	A6019		1	A1			A6019							
	"			C1			Cleane							
	A6020		1	A1			A6020							
	"			C1			Store							

2

Health Signs
SIGNS SCHEDULE

Project Annables Ward Drawn AW Date 7.12.83
Product group 2 - Internal signs Job no 40.9 Page 1

Prod group	Building / Floor / Room	Division / Set	Sequence	Sign type	Quantity	Arrow	Message 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Arrow or dept	Language	Preferred word/colour	Fixing	Faces Face	Length	Quantity
2	A6901		1	F		←	Annables				WF			
			2	F			Annables	→			WF			
	A6902		1	F		↑	Annables				SFSF			1
	A6904		1	F		↑	Way out			W04	SFSF			1
	A6906		1	F		←	Way out			W04	SFSF			1
							(back blank)							
				F		↑	Fire exit			F15	SFSF			–
							(front blank)							
	A6906		5	F		↑	Fire exit			F15	SFSF			1
	A6908		1	F			Fire exit			F15	SFSF			1

Sequence, in manual scheduling the sequence in which signs are placed is indicated by the order in which they are written, on computer schedules a two character code is used, eg 03 – the third sign in a set.

The ten characters make up a unique code for the location of every sign in a building.

Sign type, a two character code, listed in the product range, e.g. P1. (NB the letters TR are used to identify traffic signs).

Quantity a single digit code, only used when there is more than one sign, except on computer schedules when all quantities should be shown.

Arrow, a space is left on either side of the message so that an arrow may be drawn correctly orientated. A two digit reference is used on computer schedules as shown below. On computer schedules the right hand arrow column may be used to contain a 2 character reference to departments, eg AE – Accidents.

Signs ranged left

↑	LU	straight on up, upstairs
↖	UL	left upstairs half left
←	LT	left
↙	DL	left downstairs half left
↓	LD	down downstairs

Signs ranged right

↑	RU	straight on up, upstairs
↗	UR	right upstairs half right
→	RT	right
↘	DR	right downstairs half right
↓	RD	down downstairs

Ranging – unless otherwise stated location signs range left. If, however, the ranging of location signs varies the following codes should be used in the left hand arrow column:

RL range left
RR range right

Message, space is allowed for seventeen characters, longer, and multiple line messages continue on further lines of the schedule. Pictograms, safety signs, fire safety signs and traffic signs should be referred to by their preferred word code. Special instructions may be placed after the message in brackets, eg (this sign is a non standard size 100 × 450).

Language, a single letter code used when more than one language is used, eg W – Welsh.

Preferred word code / colour, a three letter code for words, pictograms, safety and fire safety signs included in the preferred word list. When the

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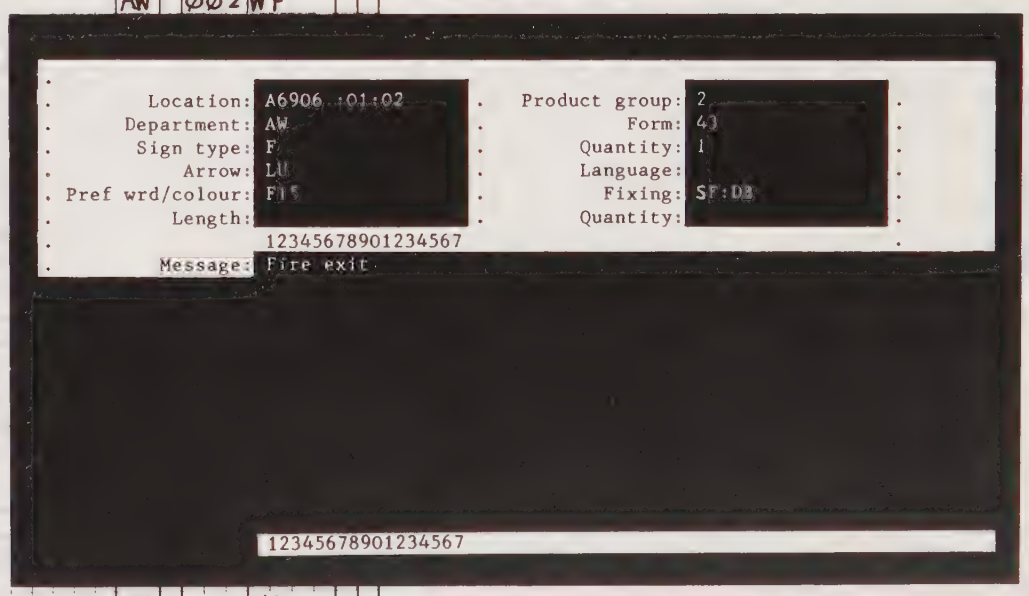
Health Signs
SIGNS SCHEDULE

Project Annables Ward Drawn AW Date 7.12.83
Product group Combined Job no 40.9 Page 1

Prod group	Building Floor Room	Division Set	Sequence	Sign type	Quantity	Arrow	Message 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Arrow or dept	Language	Preferred word/ colour	Fixing	Faces Face	Length	Quantity
1	A6ØØ1	Ø1	Ø1	A1	1		A6ØØ1	AW			WF			
1	A6ØØ1	Ø1	Ø2	C1	1		Mothers	AW			WF			
1	A6ØØ1	Ø2	Ø1	B3	1		ZØ4	AW			WF			
1	A6ØØ2A	Ø1	Ø1	A1	1		A6ØØ2A	AW			WF			
1	A6ØØ2A	Ø1	Ø2	P1	1		Y19	AW			WF			
1	A6ØØ2A	Ø1	Ø3	P1	1		YØ4	AW			WF			
1	A6ØØ2B	Ø1	Ø1	A1	1		A6ØØ2B	AW			WF			
1	A6ØØ4	Ø1	Ø1	A1	1		A6ØØ4	AW			WF			
1	A6ØØ4	Ø1	Ø2	C1	1		Store	AW		S35	WF			
2	A69Ø6	Ø1	Ø1	F	1	LT	Way out (back blank)	AW		WØ4	SFSF		1	
2	A69Ø6	Ø1	Ø2	F	1	LU	Fire exit (front blank)	AW		F15	SFSF			
1	A6ØØ5	Ø1	Ø1	A1	1		A6ØØ5	AW			WF			
1	A6ØØ5	Ø1	Ø2	C1	1		Sister	AW			WF			
1	A6ØØ6	Ø1	Ø1	A1	1		A6ØØ6	AW			WF			
1	A6ØØ6	Ø1	Ø2	A2	1		A	AW		AØØ	WF			
1	A6ØØ6	Ø2	Ø1	A2	1		1	AW		ØØ1	WF			
1	A6ØØ6	Ø3	Ø1	A2	1		2	AW		ØØ2	WF			
1	A6ØØ6	Ø4	Ø1	A2	1		3							
1	A6ØØ6	Ø5	Ø1	A2	1		4							
1	A69Ø6	Ø8	Ø1	B1	1		A							
1	A69Ø6	Ø2	Ø1	S3	1		Y54							
1	A6ØØ7	Ø1	Ø	A1	1		A6ØØ7							
1	A6ØØ7	Ø1	Ø	S3	1		Y63							
1	A6ØØ7	Ø1	Ø3	A1	1		(blank)							
1	A69Ø6	Ø7	Ø1	D	1		Nurses							
1	A6ØØ8	Ø1	Ø2	A2	1		B							
1	A6ØØ8	Ø1	Ø1	A1	1		A6ØØ8							
1	A6Ø21	Ø1	Ø1	A1	1		A6Ø21							
1	A6Ø21	Ø2	Ø1	C1	1		Way out							
1	A6Ø21	Ø3	Ø1	P1	1		Y38							
1	A6Ø21	Ø3	Ø2	S1	1		Gowns to be							
1	A6Ø22A	Ø1	Ø1	A1	1		A6Ø22A	AW			WF			
1	A6Ø22A	Ø1	Ø2	C1	1		Staff	AW		S28	WF			



message is not included in the preferred word list a two letter code is used for the background colour – if it is not mid brown. References to the colour of lettering should be made, in brackets, in the message column after the message.

Bl	blue
Gr	green
Re	red
Ye	yellow
DB	dark brown
MB	mid brown
LB	light brown

Fixing/faces/face, a three part code determining the type of fixing product, whether it is single or double faced, and on which face the signs are placed or if they are paired with the same message on each side.

Fixing product codes

CU	cube
CL	ditto illuminated
LP	lamp post (existing)
PF	projecting
PL	ditto illuminated
PO	post fixed
PR	post (end) fixed
SH	sign holder
SF	suspended
WF	wall fixed
WL	ditto illuminated

Faces

S	single
D	double
P	paired

Viewing face

F	front
B	back

Length, of posts in millimetres including an allowance of 600 below ground.

A	1500	E	2700
B	1800	F	3000
C	2100	G	3300
D	2400		

Quantity, of fixing products, entered once only, against the first sign in the set or bank to be fixed.

Additional notes, if required, should be placed in brackets after the message.

Computer input

The input design, based on the 'pfs' program, follows the computer form design with one or two exceptions. First, the location reference precedes all other data. This is the simplest and quickest mode of retrieval. Second, follows a group of headings used for sorting: product group, department and, if required, form number. The message is the last item in order to allow maximum (12 lines) space. Before and after the message a guide line is numbered 0 – 27.

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Annables Ward, Harpenden Hospital. Door signs/location

Location	PrGr	Dept	Message	Arr	P/wd	Lan	Type	Qty	Fix	Lngth	Qty
A6001 :01:01	1	AW	A6001				A1	1	WF		
A6001 :01:02	1	AW	Mothers				C1	1	WF		
A6001 :02:01	1	AW	Z04		Z04		B3	1	WF		
A6002A:01:01	1	AW	A6002A				A1	1	WF		
A6002A:01:02	1	AW	Y19		Y19		P1	1	WF		
A6002A:01:03	1	AW	Y04		Y04		P1	1	WF		
A6002B:01:01	1	AW	A6002B				A1	1	WF		
A6004 :01:01	1	AW	A6004				A1	1	WF		
A6004 :01:02	1	AW	Store		S35		C1	1	WF		
A6005 :01:01	1	AW	A6005				A1	1	WF		
A6005 :01:02	1	AW	Sister		S19		C1	1	WF		
A6006 :01:01	1	AW	A6006				A1	1	WF		
A6006 :01:02	1	AW	A		A00		A2	1	WF		
A6006 :02:01	1	AW	1		001		A2	1	WF		
A6006 :03:01	1	AW	2		002		A2	1	WF		
A6006 :04:01	1	AW	3		003		A2	1	WF		
A6006 :05:01	1	AW	4		004		A2	1	WF		
A6007 :01:01	1	AW	Y53		Y53		S3	1	WF		
A6007 :01:02	1	AW	A6007				A1	1	WF		
A6007 :01:03	1	AW	(blank)				A1	1	WF		
A6008 :01:01	1	W	A6008				A1	1	WF		
A6008 :01:02	1	AW	B		B00		A2	1	WF		
A6014 :01:01	1	AW	A6014								
A6014 :01:02	1	AW	C								
A6015 :01:01	1	AW	A6015								
A6015 :01:02	1	AW	D								
A6016 :01:01	1	AW	A6016								
A6016 :01:02	1	AW	Cleane								
A6017 :01:01	1	AW	A6017								
A6017 :01:02	1	AW	Treatm								
A6018 :01:01	1	AW	A6018								
A6018 :01:02	1	AW	Demons								
A6019 :01:01	1	AW	A6019								
A6019 :01:02	1	AW	Cleane								
A6020 :01:01	1	AW	A6020								
A6020 :01:02	1	AW	Store								
A6021 :01:01	1	AW	A6021								
A6021 :02:01	1	AW	Way ou								
A6021 :03:01	1	AW	Y38								
A6021 :03:02	1	AW	Gown t								
A6022A:01:01	1	AW	A6022A								
A6022A:01:02	1	AW	Staff								
A6022A:01:03	1	AW	Y19								
A6022B:01:01	1	AW	A6022B								
A6023A:01:01	1	AW	A6023A								
A6023A:01:02	1	AW	Staff								
A6023A:01:03	1	AW	Y04								
A6023B:01:01	1	AW	A6Q23B								
A6024 :01:01	1	AW	A6024								
A6024 :01:02	1	AW	Dirty								
A6024 :02:01	1	AW	Sack d								
A6025 :01:01	1	AW	A6025								
A6025 :01:02	1	AW	Store								
A6026 :01:01	1	AW	A6026								
A6026 :01:02	1	AW	Privat								
A6027 :01:01	1	AW	A6027								
A6027 :01:02	1	AW	S02								
A6904 :05:01	1	AW	Y03								
A6904 :05:02	1	AW	Y35								
A6904 :05:03	1	AW	(arrow								
A6906 :02:01	1	AW	Y40								

6

Annables Ward, Harpenden Hospital. Internal signs/location

Location	PrGr	Dept	Message	Arr	P/wd	Lan	Type	Qty	Fix	Lngth	Qty
A6901 01:01	2	GC	Annables	LT			F	1	WF		
A6901 :02:01	2	GC	Annables	RT			F	1	WF		
A6902 :01:01	2	AW	Annables	LU			F	1	SF:SF		1
A6904 :02:01	2	AW	Way out	LU	W04		F	1	SF:SF		1
A6906 :01:01	2	AW	Way out (back blank)	LT	W04		F	1	SF:SF		1
A6906 :01:02	2	AW	Fire exit (front blank)	LU	F15		F	1	SF:SB		
A6906 :05:01	2	AW	Fire exit	LU	F15		F	1	SF:SF		1
A6908 :04:01	2	AW	Fire exit		F15		F	1	SF:SF		1

The following examples of scheduling are illustrated:

Manual forms

1 a completed door signs form
2 a completed internal signs form

Computer forms

3 a completed combined signs form
4 a computer input design
5 a door signs (location) print-out
6 an internal signs (location) print-out
7 a door signs (product count) print-out
8 a fixings (product count) print-out

Note

A blank copy of the Signs Schedule is included as an appendix as a master for photo-copying. Pads of the Signs Schedule are available from DHSS.

Annables Ward, Harpenden Hospital. Door signs/count

Type	Qty	Dept	Location	PrGr	Message	Arr	P/wd	Lan	Fix	Lngth	Qty
A1	1	AW	A6022B:01:01	1	A6022B				WF		
	1	AW	A6023A:01:01	1	A6023A				WF		
	1	AW	A6023B:01:01	1	A6023B				WF		
	1	AW	A6024 :01:01	1	A6024				WF		
	1	AW	A6025 :01:01	1	A6025				WF		
	1	AW	A6026 :01:01	1	A6026				WF		
	1	AW	A6027 :01:01	1	A6027				WF		
	1	AW	A6015 :01:01	1	A6015				WF		
	1	AW	A6016 :01:01	1	A6016				WF		
	1	AW	A6017 :01:01	1	A6017				WF		
	1	AW	A6018 :01:01	1	A6018				WF		
	1	AW	A6019 :01:01	1	A6019				WF		
	1	AW	A6020 :01:01	1	A6020				WF		
	1	AW	A6021 :01:01	1	A6021				WF		
	1	AW	A6022A:01:01	1	A6022A				WF		
	1	AW	A6005 :01:01	1	A6005				WF		
	1	AW	A6006 :01:01	1	A6006				WF		
	1	AW	A6007 :01:02	1	A6007				WF		
	1	AW	A6007 :01:03	1	(blank)				WF		
	1	W	A6008 :01:01	1	A6008				WF		
	1	AW	A6014 :01:01	1	A6014				WF		
	1	AW	A6001 :01:01	1	A6001				WF		
	1	AW	A6002A:01:01	1	A6002A				WF		
	1	AW	A6002B:01:01	1	A6002B				WF		
	1	AW	A6004 :01:01	1	A6004				WF		
Total:	25										
A2	1	AW	A6015 :01:02	1	D		D00		WF		
	1	AW	A6006 :01:02	1	A		A00		WF		
	1	AW	A6006 :02:01	1							
	1	AW	A6006 :03:01	1							
	1	AW	A6006 :04:01	1							
	1	AW	A6006 :05:01	1							
	1	AW	A6008 :01:02	1							
	1	AW	A6014 :01:02	1							
Total:	8										
B1	2	AW	A6906 :03:01	1							
	2	AW	A6906 :08:01	1							
	2	AW	A6906 :04:01	1							
Total:	6										
B3	1	AW	A6001 :02:01	1							
Total:	1										
C1	1	AW	A6023A:01:02	1							
	1	AW	A6024 :01:02	1							
	1	AW	A6024 :02:01	1							
	1	AW	A6025 :01:02	1							
	1	AW	A6026 :01:02	1							
	1	AW	A6027 :01:02	1							
	1	AW	A6016 :01:02	1							
	1	AW	A6017 :01:02	1							
	1	AW	A6018 :01:02	1							
	1	AW	A6019 :01:02	1							
	1	AW	A6020 :01:02	1							
	1	AW	A6021 :02:01	1							

Annables Ward, Harpenden Hospital. Combined fixings count

Fix	Qty	Dept	Location	PrGr	Arr	Lan	P/wd	Type	Qty
PF:DP	1	AW	A6906 :08:01	1			A00	B1	2
	1	AW	A6906 :07:01	1			N01	D	2
	1	AW	A6906 :04:01	1			C00	B1	2
	1	AW	A6906 :03:01	1			D00	B1	2
Total:	4								
PF:SF	1	AW	A6904 :05:01	1			Y03	P2	1
Total:	1								
SF:SF	1	AW	A6904 :02:01	2	LU		W04	F	1
	1	AW	A6906 :01:01	2	LT		W04	F	1
	1	AW	A6906 :05:01	2	LU		F15	F	1
	1	AW	A6908 :04:01	2			F15	F	1
	1	AW	A6902 :01:01	2	LU			F	1
Total:	5								
Total:	10								

Project check list

This check list should be read in conjunction with the Glossary of terms as well as the detailed information given on the pages referred to below.

	Signs in new buildings	**Refurbishment of signs in existing buildings**
1 People concerned	1.01 Determine who is to be responsible for signposting strategy and tactics. 66 1.02 Determine who is to be responsible for the design of the signposting scheme. 66	See signs in new buildings
2 Development control plan	Consider those planning factors that may predetermine whether signposting will be effective in terms of: 2.01 The positioning of signs giving directions to the site entrances and the positioning of the hospital's own nameboard. 9 10 11 2.02 Pedestrian traffic flow and positioning of car parks in visual relation to major entrances. 12 13 14 2.03 The separate routing of supplies and visitors. 9 12 13 2.04 Potential phasing and extensions. 66	See signs in new buildings
3 Extent and phasing of project	Not applicable	3.01 Determine whether the whole hospital or a part of the hospital is to be re-signposted. 66 3.02 Determine whether the hospital is to be re-signposted in phases. 66 68 3.03 Determine whether to appoint one selected supplier for all phases. 67 3.04 Determine availability or means of raising funds. 3.05 Determine means of keeping staff and friends of the hospital informed of the project.
4 Whole hospital policies	Consider policies relating to routing, directing and informing patients, staff, visitors and persons delivering goods. 4.01 Management of patients e.g. policy on admissions and appointments for clinics. 18 4.02 Management of staff e.g. naming of rooms, use of personal names, anonymity of some rooms. 20 46 4.03 Management of visitors e.g. notice of visiting hours, number of visitors, children, flowers. 23 4.04 Management of supplies. 9 12 13 14 4.05 Smoking, i.e. policy on smoking and no smoking zones. 24 25 26 4.06 Traffic control, e.g. speed restriction, routing of vehicles, car parks for staff and visitors, parking for ambulances and the disabled, parking of bicycles. 12 13 14 4.08 Health and safety. 24 25 26 4.07 Fire safety. 27 28 29	See signs in new buildings

4 Whole hospital policies, continued	4.09 Major accidents, is the hospital designated for handling major accidents. 32 4.10 Security, e.g. policy on closing entrances at night and signposting of alternatives, disclaimers for personal property etc. 23 4.11 Hospital logo, policy on the use of, or design of, the logo. 10 11 4.12 Dual language signs. 41	See signs in new buildings
	Not applicable.	4.13 Existing signs, are any signs to be conserved.
5 Design principles	5.01 Determine positioning policy for signs, e.g. determine whether suspended signs are to be used or only wall fixed and projecting signs, determine whether identity signs should be fixed on or beside doors. 56 60 61 62 5.02 Determine selection policy for sign types to be used in these positions, e.g. determine scale of signs, use of U or D sizes for identity, F or H for direction. 9-32 52-56 5.03 Determine the policy for combining signs, e.g. horizontal, vertical or squared. 30 31	
6 Survey	Not applicable	6.01 Obtain plans of the hospital and grounds 66 67 6.02 Survey major locations and routes. 66 67
7 Planning	Consult individual Health Building Notes which identify special requirements for each department.	See signs in new buildings
	Directions to hospitals: 7.01 Agree with the local authority what traffic signs can be provided giving directions to the hospital. 8 7.02 Agree with local bus companies what facilities and signs can be provided. 8	
	Directions to site entrances: 7.03 Determine priority and position of signs to site entrances. 9 7.04 Determine position and form of, hospital nameboard. 10 11	
	Directions within hospital grounds: 7.05 Consider positiioning of all signs in relation to landscaping and ground maintenance. 14 7.06 Identify major entrances. 12 7.07 Determine if there is a need for an information base, (directory signs or key block plan). 12 13 7.08 Determine use of fascia signs and need for illumination. 12 54 7.09 Determine priority and position of location and direction signs. 12 13 7.10 Determine signs to car parks and way out. 12 13 14 7.11 Determine traffic signs within hospital grounds. 14 7.12 Determine signs for disabled. 14 7.13 Determine signs for pedestrians. 14	

7 Planning continued	Directions to departments within hospitals: 7.14 Identify major routes, enquiries and directories 15 7.15 Determine priority and position of location and direction signs. 15 16 7.16 Determine use of directory signs including clinic boards. 15 16 18 7.17 Determine need for an events board. 17 7.18 Determine pictograms for amenities, e.g. toilets, tea bar or telephone. 22 7.19 Determine intermediate signs to departments. 16 7.20 Determine signs to lifts and stairs. 16 7.21 Determine signs in lift lobbies, on landings and in lifts. 16	See signs in new buildings
	Directions within departments: 7.22 Determine room numbering system and use of signs for room numbers. 19 7.23 Determine signs for identifying rooms, including sign holders. 20 21 7.24 Determine use of pictograms for identification of rooms such as: toilets, bathrooms, changing rooms. 22 7.25 Determine location of safety, fire safety and major accident signs. 24 25 26 27 28 29 32 7.26 Determine location and types of notices. 23 7.27 Determine need for noticeboards. 17	
	Coordination of directions 7.28 Check for consistency, e.g. in the use of preferred words, use of arrows, in the sequence in which signs are placed in banks. 12 40 46 7.29 Check for continuity i.e. that any route once signed is then continuously signed without interruption. 16 7.30 Check for legibility, ensure that all signs are placed so that they are properly lit, are at a height and distance that can be readily read, and are not likely to be obscured, particularly by cars or ambulances. 60 61 62 63	
8 Project management	Design 8.01 Determine drawings required and symbols to be used. 70 71 8.02 Determine room numbers. 19 72 8.03 Determine types of schedule required and abbreviations to be used. 72 73 74 75 8.04 Determine whether any statutory approvals are required specifically for signs. 66 67	See signs in new buildings
	Estimates and quantities 8.05 Determine whether to include a PC or provisional sum, or whether to measure signs in the bill of quantities. 67	Not applicable
	Supply 8.06 Determine method of selecting a supplier. 67 68	See signs in new buildings

8 Project management continued	Fixing 8.07 Determine fixing methods. 56 89 90 8.08 Determine fixing heights and horizontal positions. 62 63 64 89 90	See signs in new buildings
	Commissioning 8.09 Determine whether any planning changes have been made since the contract which require the signposting to be modified. 68 69 8.10 Determine whether temporary measures need to be taken if the building is to be opened in phases. 68 69	Not applicable
	Cleaning and maintenance 8.11 Ensure that all necessary data is handed over to allow regular cleaning and maintenance procedures to be adopted. 68 69	See signs in new buildings
	Evaluation 8.12 Ensure that an evaluation procedure is carried out and necessary modifications executed. 69	Not applicable
	Additional signs 8.13 Determine a procedure for agreeing and obtaining additional signs. 69	See signs in new buildings

PART FIVE

Appendices

82 Glossary of terms
85 Bibliography
87 Health signs schedule
89 Fixing instructions
91 Index

Glossary of terms

Terms in this glossary are grouped under the following headings:
Base terms
Health alphabet
Signs
Sign types
Sign layout
Signboards
Ergonomics

Words in italics have been defined previously in this glossary.

BASE TERMS

Alphabet. Set of characters used in a language (from the Greek – alpha/beta).
Note. It is used in graphics to describe the unique design of a set of upper and lower case letters, numerals and punctuation marks.

Health Signs. A system of signs and signposting developed for use in hospitals and other health care buildings.

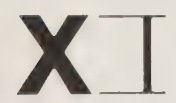
HEALTH ALPHABET

Health alphabet. *Alphabet* developed specifically for use on signs in hospitals and other health care buildings.
Note. It is derived from Helvetica and includes an arrow amongst its characters.

abcdefghijklmnop
qrstuvwxyz
ABCDEFGHIJKLMN
OPQRSTUVWXYZ
1234567890
-.,'()/£&?

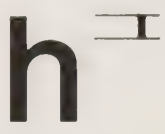
Character. Letter, figure, arrow or punctuation mark in an *alphabet*.

'x' height. Height of the body of a lower case letter, the norm for which is the height of the lower case letter 'x'.
Note. 'x' height is used to define the nominal height of characters in the *Health alphabet*.

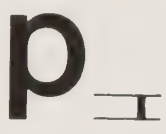


'E' height. Height of an upper case letter 'E' used in many instances to describe the nominal letter height of an alphabet.
Note. It is not used for the *Health alphabet*, but is referred to in BS 5499 in addition to the *'x' height*.

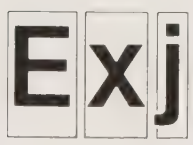
Ascender. That part of a lower case letter which extends above the top of the body of the *character* as represented by the *'x' height*.
Note. The following letters have ascenders: b d f h k l t.



Descender. That part of a lower case letter which extends below the base of the body of the *character* as represented by the *'x' height*.
Note. The following letters have descenders: g j p q y.



Spacing tile. Hypothetical rectangular zone, which may contain a *character* or void for a word space.
Note. It is used to ensure the consistent spacing of characters in a message. In some sign making processes the spacing tile is a physical object.



Word spacer. Spacing tile used to determine the space between words or between a word and an arrow.
Note. In Health Signs the width of a word spacer is equal to 50% 'x' height.

Rule. Horizontal line.
Note. In Health Signs the height of the rule is equal to 10% 'x' height of adjoining characters.

SIGNS

Sign. Graphic message.
Note. The term may be used to include the signboard on which the message is depicted.

Message. Story, legend, information or instruction to be conveyed in alpha-numeric or symbolic form.

Pictogram. Pictorial representation of a *message*.

Symbol. Graphic device which represents a concept or object.
Note. A symbol may be used in association with a geometric form to convey a complex message.

Safety symbol. Pictorial representation used on a safety sign.

Public information symbol. Graphic *symbol* intended to give information to the general public, the understanding of which is not normally dependent on specialist or occupational training. (ISO/DTR 7239).

Preferred word. One of a selected list of words used in Health Signs to achieve consistency and economy.

Nurses	N01
Nursing administration	N03
Nursing officer	N02

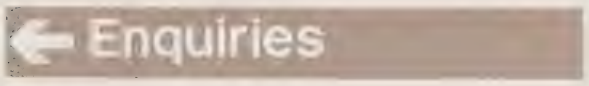
Geometric form. Form to which a specific health or safety meaning or purpose is assigned, that may contain a *symbol* or text.
Note. The term form is used in both BS 5378 and BS 5499, whereas the term shape is used in SI 1471: 1980.

Safety colour. Colour to which a specific health or safety meaning or purpose is assigned. (BS 5378).

Contrasting colour. Colour that contrasts with the safety colour in order to make the latter more conspicuous. (BS 5378).

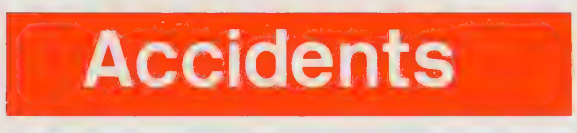
SIGN TYPES

Direction sign. *Sign* used to indicate the way to a destination by means of a message and an arrow.



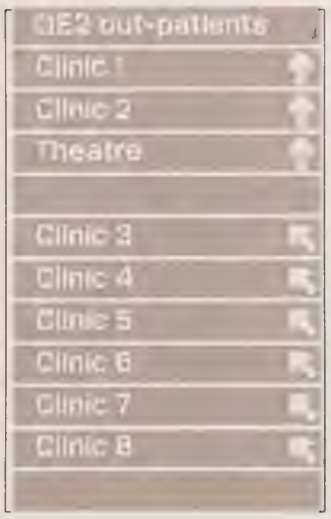
Location sign. *Sign* used to indicate the position of a destination.
Note, to give emphasis to the fact that the destination has been reached no arrow is used.

Fascia sign. *Location sign* normally at fascia level.
Note. It is the largest type of sign in the Health Signs product range, mostly used at major entrances. Fascia signs may be internally illuminated.

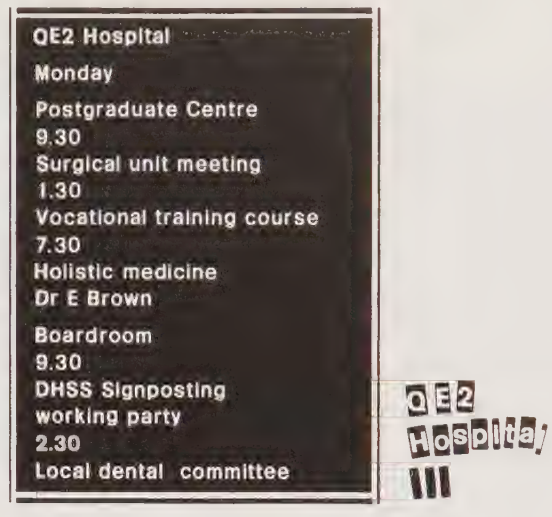


Identity sign. *Sign* used to identify a room, its number, occupant or function.

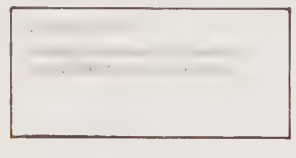
Directory sign. Set of *signs* used to provide a comprehensive, or part list, of destinations.



Events board. Board on which individual *characters* may be assembled in order to convey a *message*.

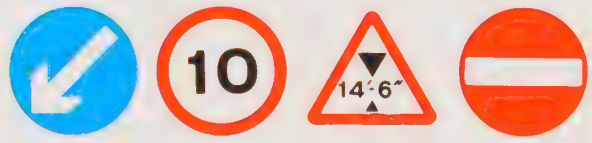


Notice. *Sign* used to give information or instructions other than those to do with identity, location or direction.



Noticeboard. Board used to contain temporary notices, posters etc.

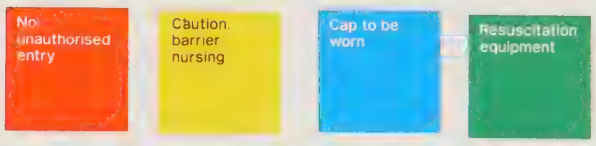
Road traffic sign. *Sign* described in the traffic signs regulations and general directions.



Major accident sign. One of a range of movable *signs* used by hospitals designated as having suitable facilities for major accidents.

Safety sign. *Sign* combining *geometric shape, (safety) colour* and pictorial *symbol* to provide specific health or safety information or instruction (whether or not any text is also included). (SI 1471).

Supplementary sign. *Sign* with text only that may be used in conjunction with a *safety sign* in order to provide additional information. (BS 5378).



Prohibition sign. *Safety sign* that indicates that certain behaviour is prohibited. (BS 5378).

Warning sign. *Safety sign* that gives warning of a hazard. (BS 5378).

Mandatory sign. *Safety sign* that indicates that a specific course of action is to be taken. (BS 5378).

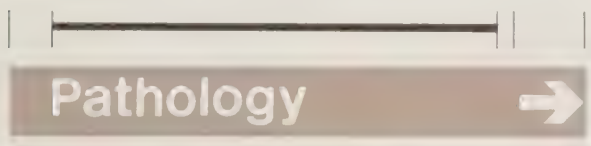
Safe condition sign. *Safety sign* that provides information about safe conditions. (BS 5378). *Sign* that indicates an escape route in the event of fire or other emergency. (BS 5499).

Fire safety sign. *Sign* that gives a message about fire safety by a combination of *geometric form, safety colour* and *symbol* or text. (BS 5499).

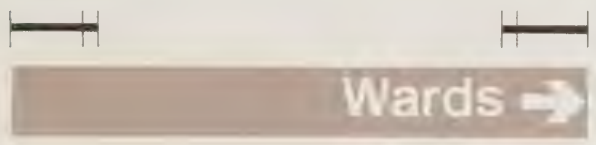
Fire equipment sign. *Sign* that indicates the location of fire-fighting equipment and how it should be used. (BS 5499).

SIGN LAYOUT

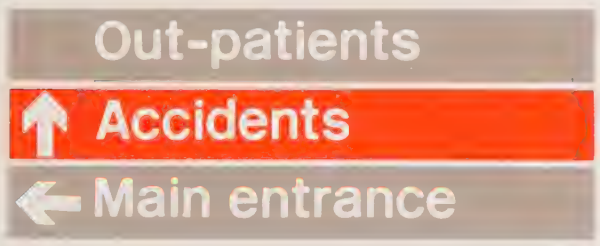
Lettering zone. Horizontal zone, on a signboard, that is allocated to lettering.



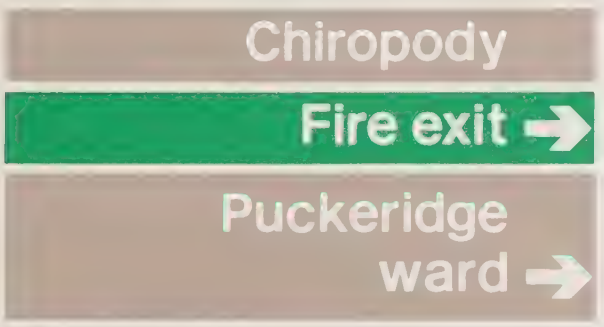
Margin. Space between the *lettering zone* or pictogram, and the perimeter of the signboard at the top, bottom or sides.



Range left. Align characters, including arrows, on the left of the signboard.



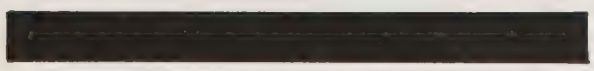
Range right. Align characters including arrows, on the right of the signboard.
Note. In Health Signs, unless otherwise stated, characters are ranged left.



SIGNBOARDS

Signboard. Plank, a plaque or other surface on which a message is depicted.
Note in Health Signs the overall size of a signboard is also the nominal size of the *sign* depicted upon it.

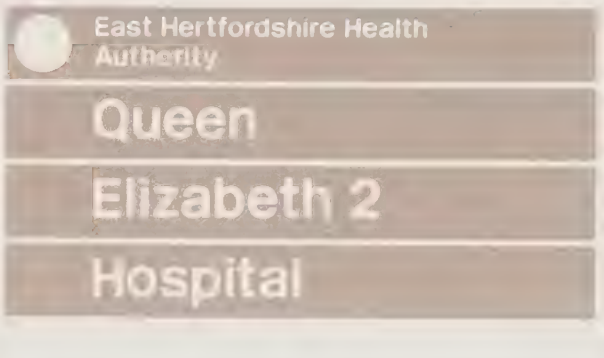
Plank. Rectangular component, the length of which noticeably exceeds the height.



Plaque. Rectangular component, the length and height of which are the same or similar.

Cube sign. Cube on which *signs* may be displayed on four sides.
Note, in Health Signs it is normally intended for use in a pedestrian precinct. The cube accommodates eight 'F' type *signs* on each face.

Bank. Series of *planks* placed one above another.
Note. If the *signs* are to be read by a driver or person on the move, the number of *signs* in a bank should not exceed five.



Set. A *bank* or group of adjoining signs.

Sequence. Order in which signs are placed in a bank.
Note. In Health Signs the following sequence is normally followed, for location and direction signs, reading from the top: location signs, direction signs – ahead, direction signs – to either side, direction sign – down.
The sequence of signs on directories is normally alphabetical for each floor.

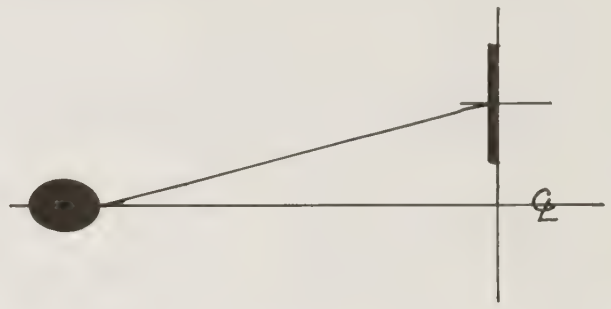
ERGONOMICS

Ergonomics. Organisation of man – machine – environment systems in favour of man.

Central line of vision. Theoretical line of vision of a person looking straight ahead without moving his head to either side, or up or down.

Viewing distance. Distance of the *sign* from the person viewing it.

Displacement. Distance that a sign is off-set from the central line of vision.



Horizontal displacement. Horizontal distance that a *sign* is off-set from the central line of vision.

Vertical displacement. Vertical distance that a *sign* is off-set from the central line of vision.

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DHSS Works Group Publications

All current publications are listed in the *Works Guidance Index* available from DHSS (leaflets) PO Box 21, Stanmore, Middlesex HA7 1AY.

Note.
The two forms that follow are also available, from DHSS, in a pad that contains 50 Health signs schedules and 2 sets of fixing instructions, or they may be photo-copied. Each contains a résumé of information which appears in earlier pages of this manual.

Health Signs

SIGNS SCHEDULE

Project _____ Drawn _____ Date _____

Product group _____ Job no _____ Page _____

Prod. group	Building / Floor / Room / Division / Set / Sequence	Sign type	Quantity	Arrow	Message 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Arrow or dept.	Language	Preferred word/ colour	Fixing / Faces / Face	Length	Quantity

Abbreviations and classification used on schedules

Product group,

1 door signs including projecting signs
2 internal signs
3 external signs
4 traffic signs
5 directories
6 cubes

Building/floor/room/division/set, a six character code that identifies the room associated with each sign, eg A1003B

A – the building
1 – the floor level
003 – the room
B – the sub-division

Set, a two character code to identify each separate bank or group of signs in a room or external space, eg 01 – set one.

Sequence, in manual scheduling the sequence in which signs are to be placed is indicated by the order in which they are written, on computer schedules a two character code is used, eg 03 – the third sign in a set.

Sign types, see Table of signs and fixings.

Arrows, drawn on manual schedules coded on computer schedules

Signs ranged left

↑	LU	straight on up, upstairs
↖	UL	left upstairs half left
←	LT	left
↙	DL	left downstairs half left
↓	LD	down downstairs

Signs ranged right

↑	RU	straight on up, upstairs
↗	UR	right upstairs half right
→	RT	right
↘	DR	right downstairs half right
↓	RD	down downstairs

Location signs

RR range right
RL range left

Colours, in preferred word column

Bl blue
Gr green
Re red
Ye yellow
DB dark brown
MB mid brown
LB light brown

Fixing product codes

CU cube
CL ditto illuminated
LP lamp post (existing)
PF projecting
PL ditto illuminated
PO post fixed
PR post (end) fixed
SH sign holder
SF suspended
WF wall fixed
WL ditto illuminated

Faces

S single
D double
P paired

Viewing face

F front
B back

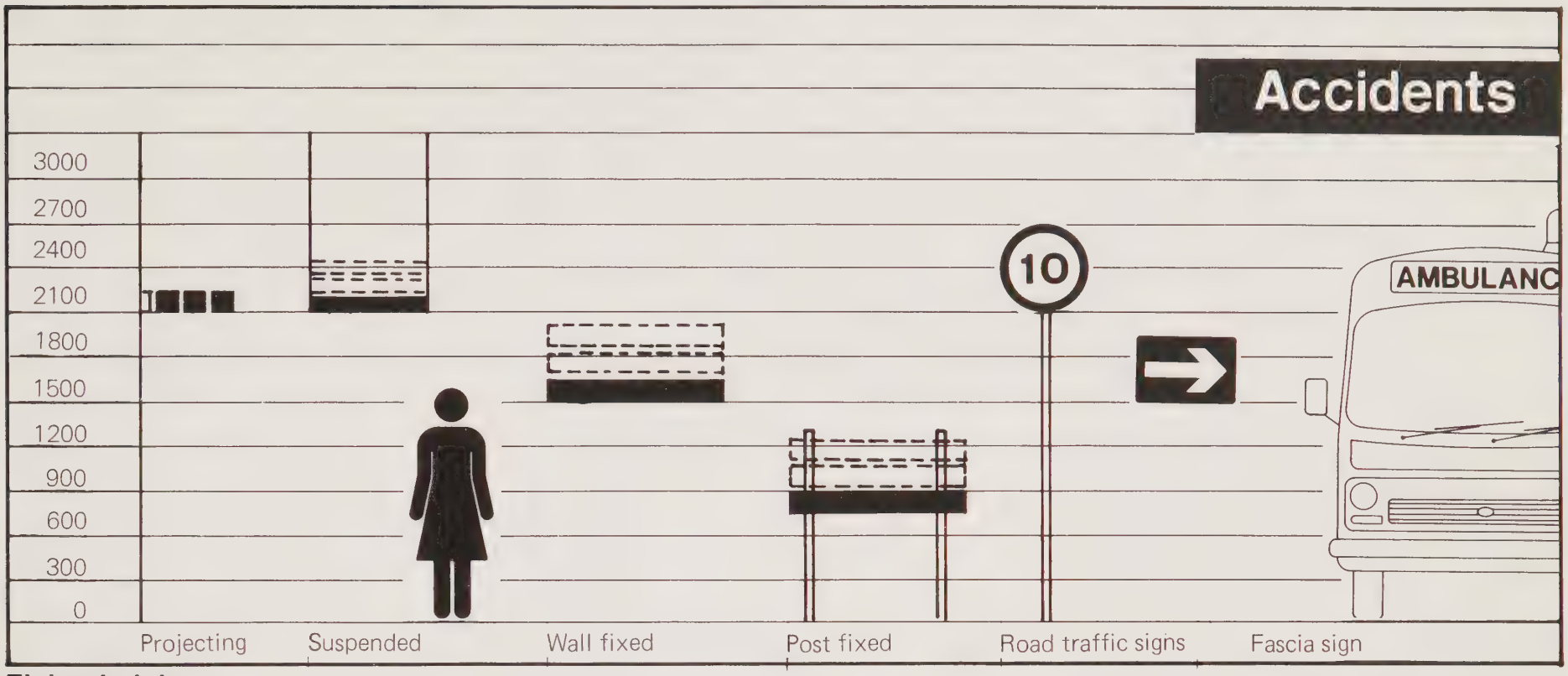
Length of posts, in millimetres, including an allowance of 600 below ground.

A	1500	E	2700
B	1800	F	3000
C	2100	G	3300
D	2400		

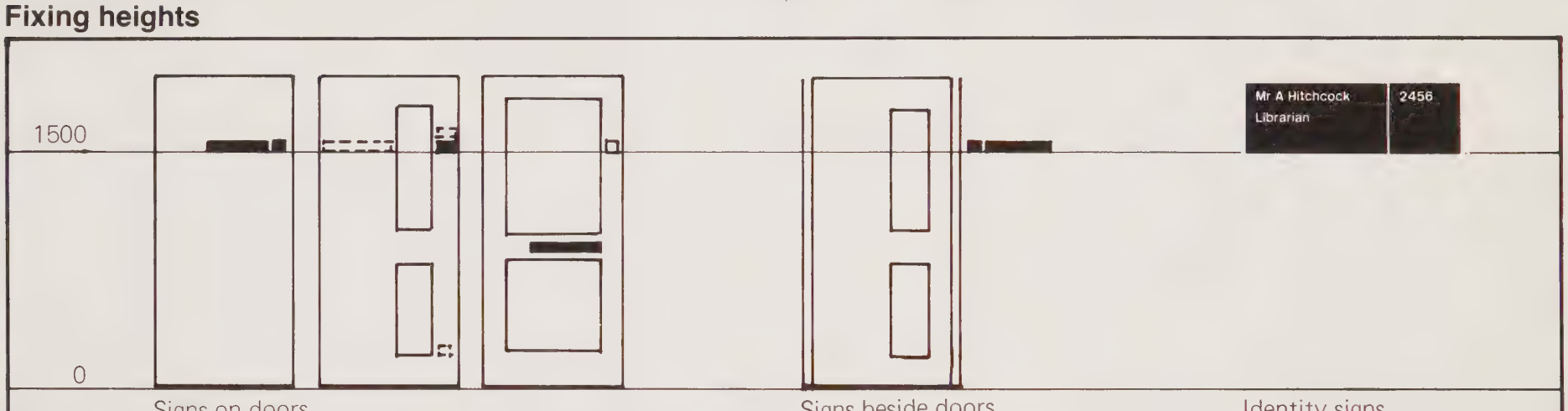
Public information symbols and safety signs

Project _____ Date _____

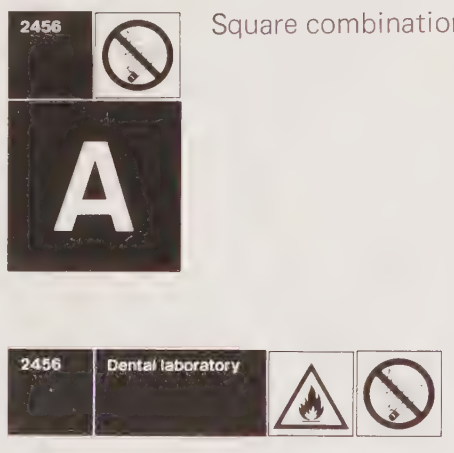
_____ Job no _____



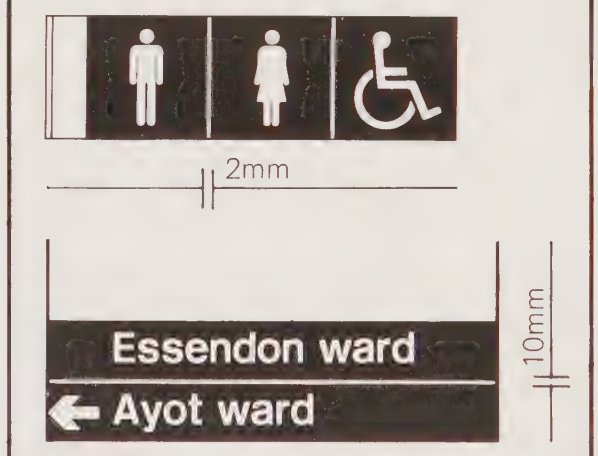
Fixing heights



Signs on doors



Combinations of signs



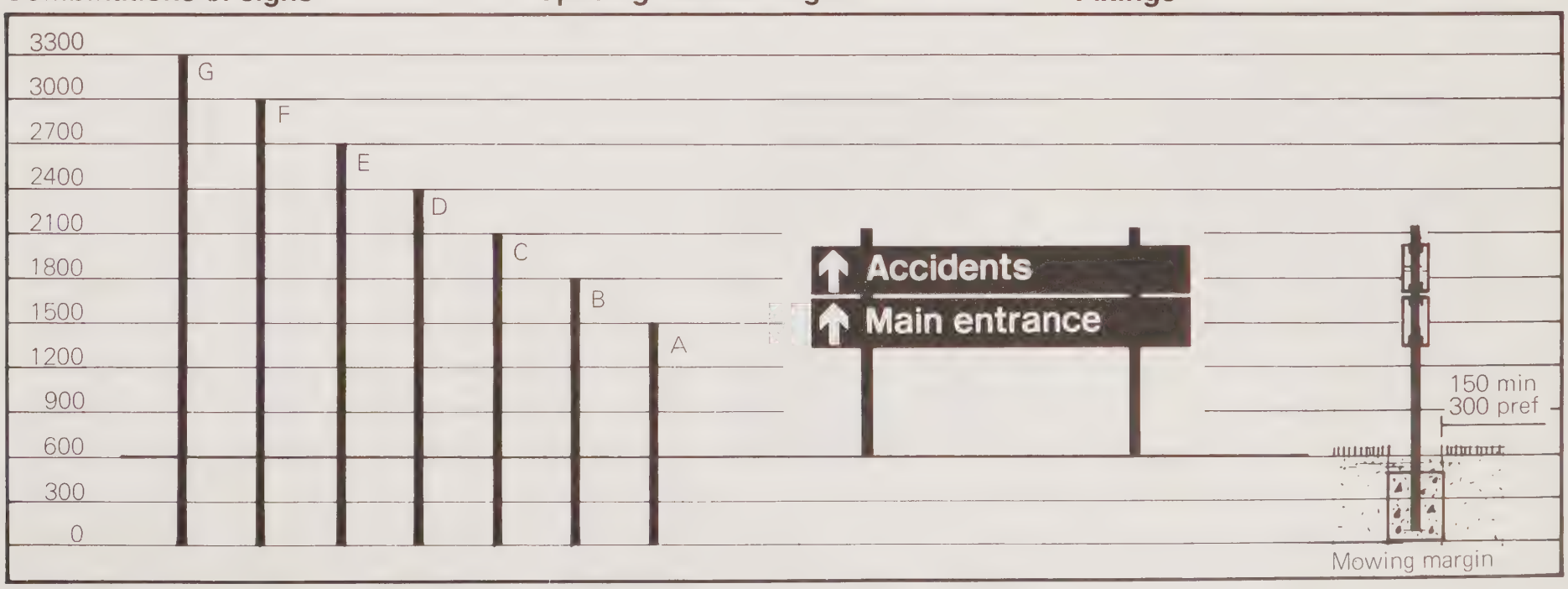
Spacing between signs

Internal wall fixed signs are designed to be fixed with self adhesive tape, they are not designed for screw fixing.

The format of wall signs should be specified, the alternatives are 'square' and 'linear'

The only fixings that require to be specified are the screws or other fixing devices for suspended signs and external wall fixed signs.

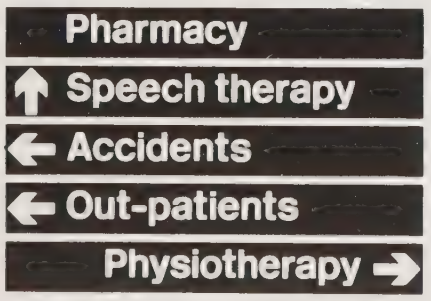
Fixings



Post fixings

Product size	type	Letter size	Fixings CU	LP	PF	PO	SH	SF	WF	Faces S	D	P	Length A	B	C	D	E	F	G
Internal identity, safety and public information signs																			
75 × 75	A1	7.5							x	x									
	A2	30							x	x									
	P1	N/A							x	x									
	S1	5							x	x									
75 × 150	C1	7.5							x	x									
	C3	5							x	x									
	C4	7.5					x		x	x									
	C5	7.5							x	x									
150 × 150	B3	5							x	x									
	P2	N/A			x				x	x	x	x							
	S2	10			x				x	x	x	x							
	S3	5							x	x									
37.5 × 300	U	15							x	x									
75 × 300	V	15							x	x									
75 × 450	D	30			x				x	x	x	x							
	D2	15							x	x									
150 × 450	E	30			x				x	x	x	x							
Internal directory signs																			
300 × 450	Q1	200							x	x									
	Q2	15							x	x									
	Q3	7.5							x	x									
	Q4	15							x	x									
	Q5	15							x	x									
450 × 450	Q6	N/A							x	x									
Internal location and direction signs																			
100 × 800	F	40	x					x	x	x	x	x							
200 × 800	G	40	x					x	x	x	x	x							
150 × 1200	H	60						x	x	x	x	x							
External location and direction signs																			
150 × 1200	I	60		x					x	x	x	x	x	x	x	x	x	x	x
	I2	30		x					x	x	x	x	x	x	x	x	x	x	x
150 × 1800	J	60		x					x	x	x	x	x	x	x	x	x	x	x
External location signs																			
225 × 1800	K	90		x					x	x	x	x	x	x	x	x	x	x	x
	K2	40		x					x	x	x	x	x	x	x	x	x	x	x
300 × 1800	L	120		x					x	x	x	x	x	x	x	x	x	x	x
300 × 2100	M	120		x					x	x	x	x	x	x	x	x	x	x	x
300 × 2400	N	120		x					x	x	x	x	x	x	x	x	x	x	x
External fascia signs																			
500	O	200							x										
External road traffic signs																			
				x		x							x	x	x	x	x	x	x

Table of signs and fixings



sequence of signs
1 location signs
2 direction signs - straight on
3 direction signs - left or right

Direction signs

alphabetical

Directory signs

Sequence

Notes

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